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ABSTRACT

This final report describes activities and accomplishments of the South Dakota Statewide Systems Change Project, a 5-year federally supported project to establish a system of educational services to support children with severe disabilities within general education settings. The project provided extensive training, information, and technical assistance to educators, families, students, and administrators. Over the last 2 years of the project, 8,257 individuals received training, consultation, or technical assistance. Typical topics covered in the training included creative problem solving, effective team meetings, modifications and adaptations, team building, time management, and involving families. The project's fifth year was focused on encouraging previously trained teams to become more self-directed. Other project activities addressed the need for changes in laws, regulations, and policy; development of local interagency networks; and dissemination of information materials developed by the project. Three products are attached: (1) "The Systems Change Primer: A Closer Look at Inclusion," a guide for educators and school systems developing full inclusion programs; (2) "Welcoming Parents as Partners," a guide to help educators encourage parent participation on the team serving the child; and (3) "Welcoming All Children: A Closer Look at Inclusive Child Care," a guide for child care service providers. (DB)

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Date:	**December 29, 1995**
Final Report:	**Year V**
Project Name:	**South Dakota Statewide Systems Change Project**
Project #:	**H086J00004**
Contact:	**Phylis Graney, Model Systems Planner** **121 West Dakota St.** **Pierre, SD 57501** **(605)224-9554**

Project Personnel:

Deb Barnett, Project Director
Phylis Graney, Model Systems Planner
Patty Bordeaux-Nelson, Education Strategist
Pam Greene, Education Strategist
Kim Hanes, Education Strategist
Brenda Smith, Parent Consultant
Carol Heltzel, Parent Consultant
Cheryl Duffy, Parent Consultant

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SOUTH DAKOTA STATEWIDE SYSTEMS CHANGE

A Statewide project to plan, implement and evaluate
a system of service coordination
allowing children with severe disabilities to be
educated in general education settings.

ABSTRACT

The goal of the South Dakota Statewide Systems Change Project is to establish a system of educational services which supports children with severe disabilities within general education settings and creates opportunities for these children to be served with their nondisabled peers. The goal includes the development of services which support the families of these children and increases their involvement in the education process. This goal will be accomplished by:

1. Creating a Statewide Advisory Board to direct and evaluate systems change development in the state.
2. Establishing a system of state level regulatory and procedural processes which encourage services for children with severe disabilities served within general education settings.
3. Creating models of service delivery for children with severe disabilities and their families across the state.
4. Establishing a comprehensive dissemination system informing education professionals, families of children with severe disabilities, and the population at large about services within general education settings and how these services can be implemented.
5. Creating a system of quality inservice and preservice training opportunities within higher education which supports education professionals in providing services for children with severe disabilities and their families.

South Dakota is ready to take on this statewide project to advance services for children with severe disabilities and their families. Legislative, regulatory and procedural systems are moving forward rapidly toward full support of integrated services. Parents are encouraging the efforts of local, regional and state agencies in moving toward full integration. Higher education systems recognize the needs of the state's educators to accomplish this integration effort. Systems change activities have been implemented at initial levels across the state.

Upon completion of the Systems Change Project, there will be an established awareness throughout South Dakota of the qualities of integrated educational opportunities for all children including those with severe disabilities.

South Dakota Statewide Systems Change Project

Year V
Final Report

As Year V draws to a close, it is difficult to think that 5 years have passed. In 1990 when the South Dakota Systems Change Project began children with severe disabilities were served in a variety of settings, most of them separate from non-disabled peers. Sioux Falls, the state's largest school district, operated two separate buildings within the district, to serve children with severe to moderate disabilities. Rapid City, the second largest school district also operated a separate facility for children with severe to moderate disabilities. Options for children with the most severe disabilities consisted of the state operated facilities, Custer State Hospital and Redfield Hospital. Another program mentioned in the original project, was the Platte Hospital Program. This program was based in a small rural nursing home and provided services to 4 children with severe disabilities from the Platte community. Now five years later most of these programs are no longer in existence.

The State Hospitals no longer admit children. Children with severe disabilities in Rapid City and Sioux Falls now receive services in neighborhood schools. The Platte program was closed and the children moved two blocks to the Platte Community School where all their peers go to school.

The project over the past 5 years has provided extensive training, information and technical assistance to educators, families, students, administrators and others on including children with disabilities in regular classroom activities. In fact, during the past 2 years of the project, **8,257** individuals received some type of training, consultation or technical assistance. Of this number, the actual breakdown of people served looks like this:

	1993-1994:	**1994-1995:**
Students(Typical & College)	**1,020**	**558**
Administrators	**321**	**135**
Regular Teachers	**763**	**1,065**
Special Education Teachers	**749**	**460**
Paraprofessionals	**125**	**157**
Related Service Personnel	**165**	**366**
Community Persons	**181**	**368**
Higher Education	**35**	**101**
Parents	**319**	**108**
Other(Counselors, State, etc.)	**584**	**677**
Totals	**4,262**	**3,995**

In Year IV of the project, 63% of the individuals served received specific training in strategies and techniques of inclusion. Some of the topics covered were:

Creative Problem Solving
Effective Team Meetings,
Modifications & Adaptations
Team Building
Time Management
Involving Families

Of the remaining individuals served in Year IV, 18% were provided individual consultation. Usually through participation in IEPs, meeting with school teams and onsite visits with educators, families and students. The remaining 18% in Year IV received technical assistance through other forums, such as: Local Interagency Networks, advocacy groups, community organizations, state level personnel and others interest in or currently serving individuals with disabilities.

In **Year V**, there was somewhat of a move away from direct training activities. Emphasis was placed on teams becoming more self directed. The teams who had previously received training, continued to be monitored, contacted and provided support. However, the teams were encouraged to try the strategies and information previously provided and ask for assistance only when necessary. Thus in **Year V** only 40% of the total 3,995 individuals received assistance through a formal training activity. Most of the training activities were for new teams or provided an additional level of expertise to existing teams. Individual consultation activities dropped to 7%, partially due to several personnel changes. An increase in the number of "related" organizations and interested people requested technical assistance, information or training during this final year. More and more people are realizing the value and benefits of including individuals with disabilities. Systems Change personnel participated in many Local Interagency Network meetings, answered requests from community organizations, and became involved in several cooperatively funded "state" projects. One area that added to the high numbers in this category, was an emphasis on training and technical assistance for Day Care Providers. The need for child care for children with disabilities is at a critical level in South Dakota. Day care is truly where inclusion begins, so emphasis on this area needs to be continued.

Does this mean ALL children with severe disabilities in South Dakota are included and receive their education with their typical peers. NO. It means we have made significant progress in addressing the needs of children with severe disabilities and their families. There continues to be a need for training on modifications and adaptations to the regular classroom curriculum in order for children with severe disabilities to have opportunities to be included with typical peers. The secondary level is a vast, unknown area for children with severe disabilities. As children with disabilities, who have been included throughout the elementary years, begin to enter this arena, new and different challenges will surface. As South Dakota looks forward to future educational planning, the emphasis will continue to be to serve ALL children, including those with disabilities, who live within her borders.

Systems Change in South Dakota
Year V
Goals and Objectives

FINAL REPORT

GOAL OF PROJECT: To provide a statewide system of educational services which support children with severe disabilities including those with dual sensory impairments, within general education setting, includes involvement with age appropriate nondisabled peers, and supports the involvement of families in the educational process.

1.1 OBJECTIVE: Upon completion of the five year Systems Change Project, the state of South Dakota will have in place a system of laws, regulations, and practices which supports the involvement of children with severe disabilities including those with dual sensory impairments in general education settings.

1.1.1 ACTIVITY: Coordinate efforts with the Office of Special Education's Evaluation Study to survey existing rules, regulations and policies within relevant state agencies(education, social services, health and human services, etc.) to determine areas needing further clarification or change to more effectively meet the needs of children with severe disabilities, including those who are deaf blind, and their families.

TIMELINE: Survey completed by October 1, 1994.

FINAL: As part of government reorganization, the Governor assigned a task force to examine all aspects of the Department of Education, including the Office of Special Education. Recommendations for change and reorganization from that task force were implemented in late 1995. Changes continue to occur in other departments of state government. These changes are intended to streamline state government and enable more technical assistance to be provided to school districts and service providers. Through the Special Evaluation Study Project further evaluation of necessary change will be forthcoming. The Special Evaluation Study Project is a federally funded project through the Office of Special Education focused on the following systemic issues:

1. To what extent do existing state policies, rules and funding mechanisms support the inclusion of special education in educational reform efforts?
2. To what extent do current district-level education reform plans and activities include special education issues and needs of students with disabilities?
3. To what extent do current education reform plans and activities at the school building/classroom level include special education issues and needs of students with disabilities?

To address these questions, data was collected from state agencies and 20 school districts participating in a statewide school modernization initiative. All necessary data has been collected and is currently being analyzed for a final report to the Office of Special Education.

1.1.2 ACTIVITY: Develop a plan of action and recommendations to address priority areas identified in the survey of current state policies. The plan would be a collaborative effort with the Evaluation Studies Grant through the Office of Special Education.
TIMELINE: Plan completed by January 1, 1995.
FINAL: Recommendations from task force implemented and changes continuing at the direction of the Governor's office. Recommendations from the Special Evaluation Study have not yet been received.

1.1.3 ACTIVITY: Along with the Evaluation Studies Grant, develop and disseminate a technical guide of recommended change agents needed at the SEA level to adequately affect 'systems change' on a statewide basis.
TIMELINE: Rough draft 1-1-95; final draft 6-30-95.
FINAL: The Special Evaluation Study Project is a federally funded project through the Office of Special Education focused on the following systemic issues:

1. To what extent do existing state policies, rules and funding mechanisms support the inclusion of special education in educational reform efforts?
2. To what extent do current district-level education reform plans and activities include special education issues and needs of students with disabilities?
3. To what extent do current education reform plans and activities at the school building/classroom level include special education issues and needs of students with disabilities?

To address these questions, data was collected from state agencies and 20 school districts participating in a statewide school modernization initiative. All necessary data has been collected and is currently being analyzed for a final report to the Office of Special Education.
Upon completion of the final report, efforts will be focused on developing a plan of action based on the reports recommendations and findings.

1.1.4 ACTIVITY: Continue to provide input and support to SEA staff to strengthen the state compliance monitoring system to ensure districts (LEA's) demonstrate implementation of least restrictive environment regulations.
TIMELINE: Ongoing throughout project.
FINAL: Systems Change Project staff currently serve on monitoring teams as "guest" monitors. This collaboration will provide an opportunity to see first hand how the monitoring system and Systems Change can support inclusion. The Office of Special Education is also working with several school districts to enhance the compliance monitoring system and make it more reflective of best practices and implementation of the compliance standards. This would move the system away from a "paper" review to more actual practice.

1.1.5 ACTIVITY: Review LEA policies, comprehensive plans and recent compliance monitoring results of selected district sites and provide technical assistance and recommendations to ensure language, policies and procedures are inclusive of children with severe disabilities, including those with a dual sensory impairment.
TIMELINE: Completed by June 1, 1995
FINAL: Systems Change Project personnel will continue to serve on compliance monitoring teams. This will allow a first hand look at the issues school districts need to receive technical assistance on as well as assist in completing the corrective action plans for the Office of Special Education. Collaboration with the compliance monitoring teams will provide more consistent technical assistance to service providers and enhance services to ALL children including those with disabilities.

OBJECTIVE 1.2: Upon completion of the five year Systems Change Project, the state will have a full operational system of service coordination which will allow children with severe disabilities (including those with dual sensory impairments) to receive services within general education settings with nondisabled peers.

1.2.1 ACTIVITY: Closely coordinate efforts and activities of the Systems Change Project with those of the Part C, Section 622 Project serving children with dual sensory impairments.
TIMELINE: Ongoing throughout project.
FINAL: All activities and products of the Statewide Systems Change project are closely coordinated with the activities of the Part C, 622 Project. A guide on inclusive child care has been completed and disseminated. **"Welcoming All Children: A Closer Look at Inclusive Child Care"** is included with this report. This was a collaborative effort between the Statewide Systems Change Project, the SD Deaf Blind Project (622) and the SD Part H Project. Two other publications were developed and disseminated: **"The Systems Change Primer": A Closer Look at Inclusion and "Welcoming Parents as Partners".** All of these booklets were disseminated statewide to all school districts, agencies and groups providing service to children with disabilities. They were also disseminated to all federally funded Systems Change Projects and Part C, 622 Projects.

1.2.2 ACTIVITY: Through Part H, and the Local Interagency Networks coordinate with Indian Health Services, Bureau of Indian Affairs, and Tribal Headstart for the continued development and implementation of a system of early identification of children with severe disabilities residing on the reservations.
TIMELINE: Ongoing throughout project.
FINAL: Systems Change personnel continue to be active participants in the Local Interagency Networks providing support to families residing on the reservation. Project personnel participate on a regular basis in network meetings as well as provide technical assistance and information to network members. Through the Family Support Roundtable, Local Interagency Network members, Indian Health Services and Headstart personnel have an opportunity to stay abreast of current trends and information in the area of including children with disabilities. The Roundtable meets quarterly and provides a forum for service providers to share information, concerns and strategies.

1.2.3 ACTIVITY: Continue to provide support and encouragement to existing systems within the LEA structure to increase opportunities for inclusion of families, community members and service agencies in meeting the needs of children with severe disabilities in general education and community settings.
TIMELINE: Ongoing throughout the project.
FINAL: During this fifth and final year of the project, **3,995** individuals received training or consultation from Statewide Systems Change personnel (log summary attached). Training content varied but a partial listing would include these topics: friendship building, team building, inclusion, family support, collaboration, paraprofessionals and creative problem solving. Most of the training was provided to school district personnel, peers of students with disabilities and students at the preservice teacher level. Systems Change personnel also provided consultation to individual teams and families, assisting in program development, problem solving and resource development.

1.2.4 ACTIVITY: Continue collaboration with all Part H, and Local Mental Health Interagency teams to expand or enhance existing 'systems' to allow more opportunities for family involvement, integration with nondisabled peers, and support of children with severe disabilities in community/family based programs.
TIMELINE: Ongoing throughout project.
FINAL: The Local Interagency Teams (LIT) are in their infancy and Systems Change continues to monitor their progress and offer support, but are not currently actively involved in the development of the teams. A guide for improving parent involvement; **Welcoming Parents as Partners"** was developed in collaboration with Part H and should prove helpful to the LIT system as well as school districts. The booklet has been disseminated throughout South Dakota to school districts, agencies and groups serving children with disabilities.

1.2.5 ACTIVITY: Provide ongoing support and technical assistance to established 'district' teams to ensure continued effectiveness as "self-directed teams".
TIMELINE: Ongoing throughout project.
FINAL: Established "teams" continued to be provided support and technical assistance. Some teams received further training during the beginning days of the school year and others were contacted later in the year. New teams were also established as the year progressed. During this fifth and final year **3,995** individuals received training or individual consultation through the Systems Change Project.

1.2.6 ACTIVITY: Collaborate with existing parent support groups and the newly established Family Council to encourage collaborative training programs, assist in the development of legislation, and act as council to agencies dealing with family support issues.
TIMELINE: Ongoing throughout project
FINAL: Family support continued to be a focus for Systems Change Parent Consultants. They continually monitor activity related to family support issues, as well as are actively participating in the Family Support Council. Systems Change and South Dakota's Parent resource center, Parent Connection are collaborated on the development of training modules for parents. These modules will provide information to parents on "Inclusion". The collaboration ensures that everyone receives the same information. The first module "Introduction to Inclusion" has been completed and has been included in the array of inservice options offered by Parent Connection.

1.2.7 ACTIVITY: Provide support and technical assistance necessary for movement of children with severe disabilities to less restrictive environments and increased opportunities for interaction with nondisabled peers.
TIMELINE: Ongoing throughout project.
FINAL: During this fifth and final year **3,995** individuals received training or consultation from Statewide Systems Change personnel (log summary attached). Training content varied but a partial listing would include these topics: friendship building, team building, inclusion, family support, collaboration, paraprofessionals and creative problem solving. Most of the training was provided to school district personnel and students. The Office of Special Education child count data reports for 1992 through 1994 show an increase in the **TOTAL** number of children identified as in need of special education services, but the number of children served in out-of-district programs has diminished. More students appear to be receiving services within their neighborhood district. Because the child count data does not adequately reflect a true picture of "where" children actually receive educational services throughout the day, accurate numbers are not available.

1.2.8 ACTIVITY: In collaboration with the 622, part C project, develop and disseminate technical guides to assist service providers, community members and families in meeting the needs of children with severe disabilities, including those with dual sensory impairments. Topics that may be addressed through the guides are:

How peers view 'inclusion'.
How districts can become more 'parent/family friendly'.
Ways to make classrooms/schools more inclusive.
Things everyone should know about inclusion.

TIMELINE: All guides completed by 5-1-95

FINAL: A guide on inclusive child care was completed and disseminated. **"Welcoming All Children: A Closer Look at Inclusive Child Care** is included with this report. This was a collaborative effort between the Statewide Systems Change Project, the SD Deaf Blind Project (622) and the SD Part H Project. Several other publications were also developed including: **"Welcoming Parents as Partners"** and the revised "**Systems Change Primer: A Closer Look at Inclusion".** These books were disseminated statewide to all school districts, agencies and groups serving children with disabilities. They were also disseminated to all federally funded project under Systems Change and Part C, 622.

1.2.9 ACTIVITY: Ensure consistency and effectiveness by coordinating activities and resources with: a) Interagency Coordinating Council for Part H; b) CAASP; c) Youth & Family Alliance; d) Bureau of Indian Affairs; e) Tribal & State Headstart f) Part D Personnel Preparation Grant g) Parent support/advocacy programs; h) other projects which impact children w/disabilities and their families.

TIMELINE: Ongoing throughout project.

FINAL: All activities were closely coordinated with existing projects. The Model Systems Planner met regularly with the Office of Special Education staff to ensure Systems Change activities were consistent with other ongoing projects and activities. Systems Change personnel continued to be active participants in the Office of Special Education sponsored Collaborative Effective Education Design consortium of outreach inservice providers. This allows collaboration with all projects providing technical assistance and training in the area of special education across the state. The State Headstart coordinator regularly participates in the Family Support Roundtable, which is sponsored by the Systems Change Project. Staff continue to strengthen relationships with individual Tribal Leaders and BIA officials. Systems Change has conducted inservice training at two BIA/Tribal sponsored conferences which has opened many new communication links.

OBJECTIVE 1.3: Upon completion of the five year Systems Change Project, the state of South Dakota will have in place inservice and preservice training programs for teachers, families, administrators, related services and paraprofessionals statewide.

1.3.1 ACTIVITY: Through the Collaborative Effective Education Design(CEED) coalition continue to facilitate and implement regional training to allow educators, parents and other service providers in local, community sites to acquire sufficient skills to become competent, functional "self-directed teams" within their districts.
TIMELINE: Ongoing throughout project.
FINAL: The Collaborative Effective Education Design Coalition met February 8-9, 1995 in Pierre to discuss this very issue. It was agreed that monitoring teams and Systems Change personnel need to work more closely together to provide technical assistance to school districts. Toward this effort Systems Change personnel now participate as "guest monitors" with compliance monitoring teams. This allows for a better view of "how" Systems Change and Compliance Monitoring can collaborate to provide the most effective service to educators, administrators and families. Based on results of this collaboration, inservice training can be developed to more specifically meet the needs of educators and families in local districts.

1.3.2 ACTIVITY: Continue to support and coordinate resources with the Lakota college system in the development and implementation of training programs specific to schools within the reservations that provide services to children with severe disabilities, including those with dual sensory impairments.
TIMELINE: Ongoing throughout project.
FINAL: The relationship continues to be strengthened with the Indian Colleges. Systems Change Personnel and the Oglala Lakota College collaborated to provide training to students at the preservice teacher level. The trainings were provided at Oglalla outreach sites of Manderson and Allan. Both were successful and hopefully will lead to further opportunities to work together.

1.3.3 ACTIVITY: Conduct preservice, inservice and technical skill training assessment to determine changes necessary to allow movement or support of children with severe disabilities in general education, community and family settings.
TIMELINE: Ongoing throughout project
FINAL: Data was collected throughout project activities. The Office of Special Education child count data reports for 1992 through 1994 show an increase in the **TOTAL** number of children identified as in need of special education services, but the number of children served in out-of-district programs has diminished. More students appear to be receiving services within their neighborhood district. Because the child count data does not adequately reflect a true picture of "where" children actually receive educational services throughout the day, accurate numbers are not available. Work continues on the development of a more accurate "counting" system that will reflect the amount of time children with disabilities actually spend in regular classrooms with their peers.

1.3.4 ACTIVITY: Canvas the Technical Institute training programs to identify current training programs that support paraprofessionals or child care providers and generate interest in expanding these programs or creating additional programs to assist service providers in meeting the needs of children with severe disabilities.
TIMELINE: Program review completed by September, 1994;
Ongoing thereafter.
FINAL: A new two year program was developed at the Mitchell Vocational Technical School for child care providers. Some of the other technical institutes have existing programs in the area of child care but no interest has been shown in the development of additional programs. Continued efforts will need to placed on higher education institutes to initiate training programs for paraprofessionals and child care providers.

1.3.5 ACTIVITY: In collaboration with the state CSPD coordinator develop a strategic plan outlining outreach options for providing inservice and preservice including telecommunications, presenter ready "packages", televised course work, open learning labs, local teams, etc.
TIMELINE: Draft plan available by September, 1994.
Ongoing throughout project
FINAL: The state CSPD coordinator position remained vacant for much of the project year, thus temporarily delayed the development of a strategic plan. Systems Change staff continue to work with the Office of Special Education and the new CSPD coordinator in developing inservice and preservice options for service providers in South Dakota.

OBJECTIVE 1.4: Upon completion of the five year Systems Change Project, there will be an established awareness of project activities through dissemination of materials and information statewide, regionally and nationally.

1.4.1 ACTIVITY: Coordinate with existing agency newsletters and publications to disseminate information on integration, inclusion, "best practices" and the activities of the Statewide Systems Change Project.
TIMELINE: Ongoing throughout project.
FINAL: Systems Change collaborated and provided information to several existing newsletters during the year. Information on inclusion, peer friendships, family support, etc. was submitted for newsletters across the state.

1.4.2 ACTIVITY: To encourage implementation of inclusion "best practices" , initiate a statewide "recognition" program for school districts, service providers, families, agencies, etc.
TIMELINE: Initiated by August 1, 1994, ongoing thereafter.
FINAL: Statewide Systems Change Project initiated a "Gold Seal" program to recognize those striving to improve opportunities for children with severe disabilities. Since it's inception nearly 300 "Gold Seals" have been awarded to school districts, teams, and individuals for their efforts in "inclusion" best practices. This continues to be well received and may be expanded.

1.4.3 ACTIVITY: Ensure that all materials, strategies, and training developed through project activities are readily transferable and easily replicated in other areas of South Dakota, regionally and nationally.
TIMELINE: Ongoing throughout project.
FINAL: Systems Change staff continually monitor all activities to ensure transferability and replication ease for other projects.

1.4.4 ACTIVITY: Seek statewide and national representation/input in review of all project documents and materials.
TIMELINE: Ongoing throughout project.
FINAL: All product development received input from a variety of state and national sources.

1.4.5 ACTIVITY: Facilitate inter- and multi-agency systems change by participation in decision and policy making committees at SEA, LEA and higher education levels.
TIMELINE: Ongoing throughout project.
FINAL: All Systems Change staff participated in a variety of multi-agency activities and continued to search out opportunities to collaborate with other agencies in product and policy development. A strong relationship was developed with the Child Care Services, Social Service Department, in the development of much needed training in the area of inclusive child care. This will continue to be a focus for project staff. Systems Change continued to collaborate with the University Affiliated Program in the development of additional training opportunities for paraprofessionals and educators residing on reservation lands.

1.4.6 ACTIVITY: All state activities, including legislative, regulatory and procedural development, interagency agreements and state planning will reflect an awareness of the need for "systems change" as it applies to children with severe disabilities, including those with dual sensory impairments.
TIMELINE: Ongoing throughout project.
FINAL: The Project Director closely monitored all interagency agreements and remained active in many state planning activities. This participation continued to provide the Systems Change project an active role in state level activities.

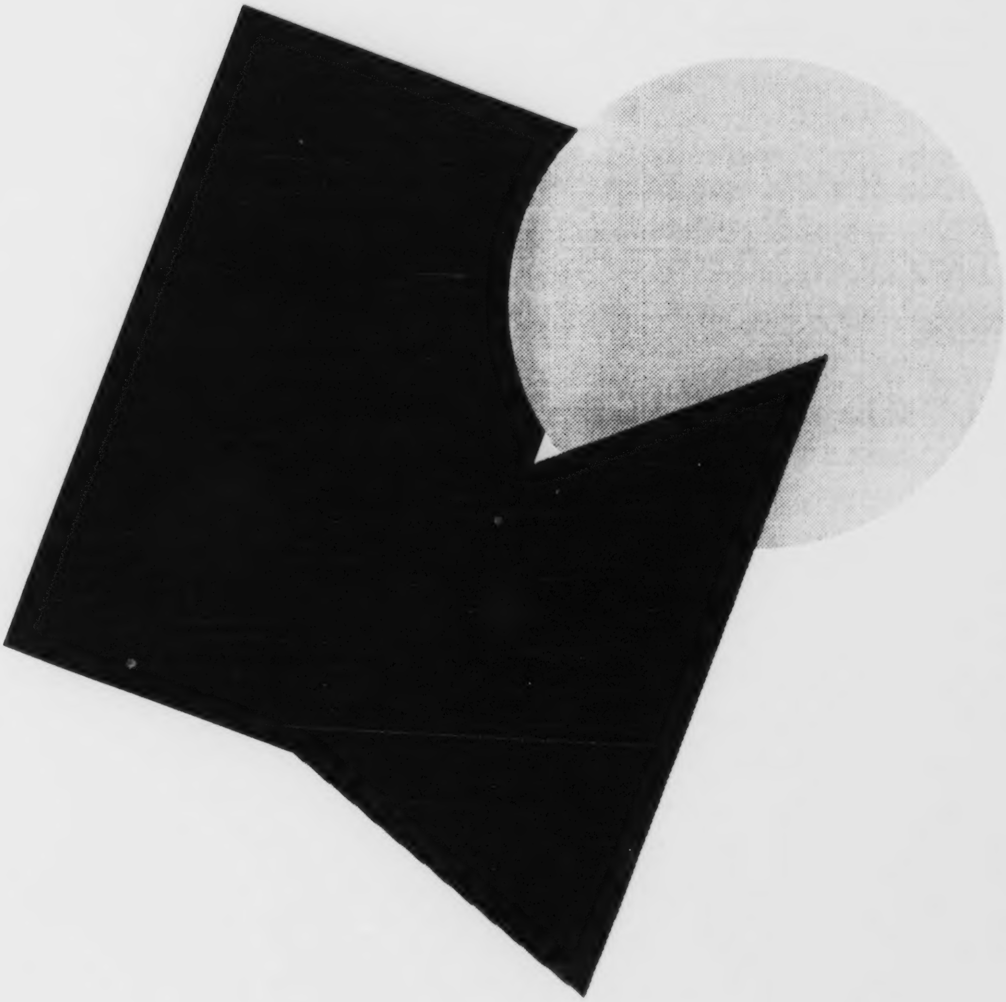
1.4.7 ACTIVITY: Replication strategies will be compiled and disseminated to facilitate and encourage "systems change" and "inclusive schools and communities".
TIMELINE: Ongoing throughout project.
FINAL: Many of the strategies found to be successful in including children with disabilities were included in the booklets: **"Welcoming Parents as Partner", The Systems Change Primer: A Closer Look At Inclusion"**, and **"Welcoming All Children: A Closer Look at Inclusive Child Care".** These books were disseminated statewide and were very well received. They continue to be in high demand and have provided the foundation for districts to begin to implement the elements of inclusion within their school buildings.

South Dakota Statewide Systems Change Project
Contact Log

Third Quarter Summary - Systems Change-Jan.Feb.Mar.

Date	Training Activity	Student	Admin	Reg Teach	SpEd Teach	Para Pro	Rel Ser	Comm Pers	High Educ	Parent	Other
94-95	1st Quarter	1	28	313	98	69	32	59	---	1	92
94-95	2nd Quarter	1	29	224	91	28	31	60		1	98
94-95	3rd Quarter	33	2	56	38	2	3	--	5	6	17
94-95	4th Quarter	68	2	51	11	1	5	2	2	18	35
	Total for Year V	**103**	**61**	**644**	**238**	**100**	**71**	**121**	**7**	**26**	**242**
Date	**Individual consultation**	Student	Admin	Reg Teach	SpEd Teach	Para Pro	Rel Ser	Comm Pers	High Educ	Parent	Other
94-95	1st Quarter	28	2	16	9	6	3	1	--	3	14
94-95	2nd Quarter	30	4	17	9	6	3	1	--	5	5
94-95	3rd Quarter	6	8	17	10	2	6	--	--	12	--
94-95	4th Quarter	2	9	4	6	1	11	--	--	6	7
	Total for Year V	**66**	**23**	**54**	**34**	**15**	**23**	**2**	--	**26**	**26**
Date	**Other Activities**	Student	Admin	Reg Teach	SpEd Teach	Para Pro	Rel Ser	Comm Pers	High Educ	Parent	Other
94-95	1st Quarter	--	--	--	--	--	--	--	--	--	28
94-95	2nd Quarter	51	33	246	108	34	34	89	6	7	242
94-95	3rd Quarter	100	12	80	47	6	38	50	17	18	65
94-95	4th Quarter	238	6	41	33	2	200	106	71	31	74
	Total for Year V	**389**	**51**	**367**	**188**	**42**	**272**	**245**	**94**	56	**409**
	Page Total	**558**	**135**	**1065**	**460**	**157**	**366**	**368**	**101**	**108**	**677**

Welcoming Parents As Partners



South Dakota Statewide Systems Change Project
South Dakota Deaf Blind Project

South Dakota Statewide Systems Change Project

The Project Staff

Project Director
Deborah Barnett

Model Systems Planner
Phylis Graney

Education Strategist
Patty Bordeaux-Nelson

Education Strategist
Pam Greene

Education Strategist
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Carol Heltzel

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Brenda Smith

South Dakota Deaf Blind Project

Project Administrator
Deborah Barnett

Project Director
Phylis Graney

Education Strategist
Kim Hanes

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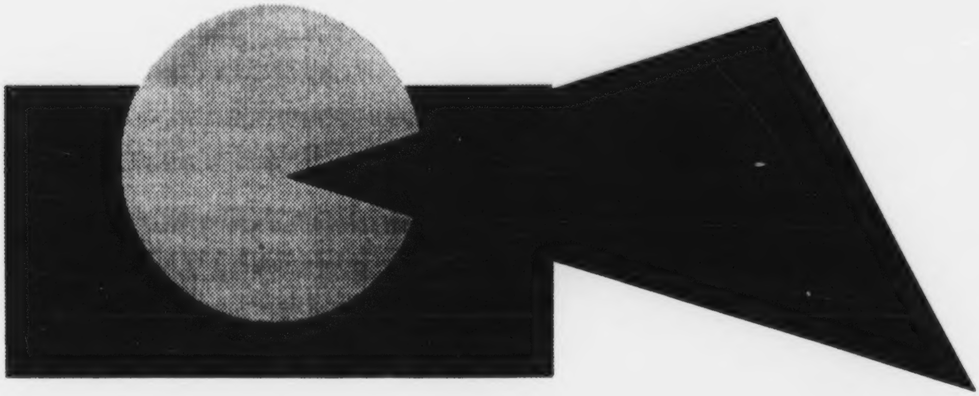
We Believe...

Inclusion is a process,
not a place, service or setting.

Children and youth with disabilities have the right to participate in the same neighborhood schools, classrooms, extracurricular activities and community programs they would attend if they did not have a disability.

Children and youth with disabilities must have the opportunity to develop meaningful relationships within their family, school and community.

Collaboration is the key to inclusion. Administrators, special educators, regular educators, parents, and related service staff need to make a commitment to ongoing teamwork.



In South Dakota, the **Statewide Systems Change Project** and the **South Dakota Deaf Blind Project** provides services, consultation, and supports through regionally based educational strategists and parent consultants. Funded by a Federal grant to the South Dakota Department of Education and Cultural Affairs, Office of Special Education, the staff of the project work in close cooperation with state staff to assist local schools in their efforts to build inclusive schools with adequate resources to support children with special needs.

To access assistance of the **South Dakota Statewide Systems Change Project** and the **Deaf Blind Project** contact the Projects' main office at (605) 224-9554*. You may also receive assistance by calling the South Dakota Department of Education, Office of Special Education at (605) 773-3678. Public schools, private schools, parochial schools, parents/families, private service agencies, community organizations, advocacy groups, higher education institutions, and tribal education programs are eligible to request assistance from the project.

* 1-800-873-3493

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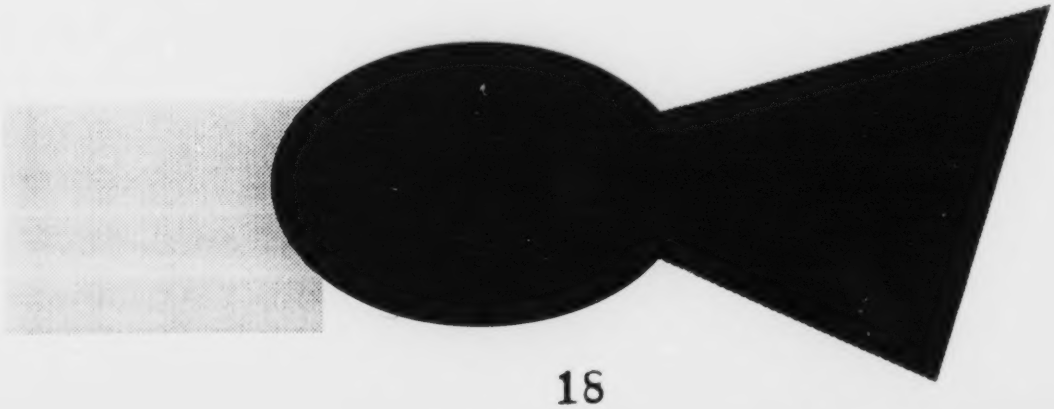


It's The 'Person First' ...Then The Disability

Children and youth with disabilities are like everyone else--except they happen to have a disability. The language we use to describe people with disabilities reflects our sensitivity, respect for others and does have an affect on societal attitudes. People-first language refers to the use of language that recognizes an individual's personhood over his/her disability. People-first language places the emphasis on the person. The disability is just one characterstic of the person. Using the appropriate language in all aspects of your work will help to create a mind-set of inclusion of children and youth with disabilities into all aspects of our society.

What is the proper way to describe a student who has a disability?

Consider how you would describe a student who doesn't have a disability. You would use the student's name, where he lives, what he does or what he is interested in.

Why say it differently for a student with disabilities? Every student is made up of many characteristics and no one wants to be identified only by one of their abilities or by their limitations.

Here are a few tips for improving your language related to disabilities:

- Refer to a student's disability only if it is relevant.
- Use the term "disability" rather than "handicap" to refer to a student's disability.
- Say "student with mental retardation" rather than a "mentally retarded student" or "student with a learning disability" rather than "learning disabled student/child".
- Say "student without disabilities" or "typical" rather than "normal" to describe a student without disabilities.
- Say "uses a wheelchair" rather than "confined to a wheelchair" or "wheelchair bound". Mobility or adaptive equipment affords a student freedom and access.
- Choice and independence are important! Let the student do or speak for him/herself as much as possible.
- Emphasize abilities, not limitations.

> *"I just want my child included, to fit in. That's what I've always wanted."*
> South Dakota Parent

> *"Once my son was labeled everyone tried to fix him. He doesn't need to be fixed. He's fine just the way he is. He's a teenager. His disability is only a part of who he is!"*
> South Dakota Parent

A Note To Educators

Parents, as advocates for their children, are consumers of the special education system. Their role is invaluable in providing the best services possible. Parents are individuals, with their varying strengths and responsibilities. This primer is designed to help you involve parents who at times have felt excluded from the team. Two ways to strengthen the parent/school partnership are to: 1) provide parents with information and opportunities for training; and 2) respect their contributions.

> *"We need to remember that parents only want what is best for their child."*
> South Dakota Educator

The relationship between home and school and the roles that parents have been expected to play are varied. In special education, there has been an emphasis upon the critical role of the parent in the Individual Education Plan (IEP) process. Parents are encouraged to identify what they see as important for their child to learn and participate in the decision making process. Also, parents "follow through" and practice at home the skills being taught at school.

Educators have traditionally been trained to teach and interact with children. Generally little time is spent during teacher training on working with the family of the child. Recognizing how the child's needs may be affected by the family structure, ethnic background or values may not be part of training programs. Understanding how the needs of the child with a disability impact all family members will enhance parent/educator relationships. The activities and resources that follow are based on the premise that families and educators must work together for the common goal of providing the best education for the student.

As you plan which strategies will help you develop collaborative partnership, ask yourself the following questions:

- What practices does my school currently have to make school a welcome place for parents?
- What school practices would I be uncomfortable with if I were a parent at the receiving end?
- What are some activities I do now to encourage positive parent involvement in school and planning teams?
- What activities can I do to strengthen the parent/professional partnership?

A Checklist
For Parent Participation

Is parent participation really valued in your school?
Use the following checklist to determine ways to build effective partnerships with families.

________ How do teachers and administrators keep parents informed about what is going on?

For Example:

- Newsletters
- Phone calls
- Progress reports
- Conferences

________ Are parents welcomed into the school?

For Example:
as observers, active team members, volunteers, guest speakers, etc.

________ Does your school offer information about parent education programs?

For Example: an up-to-date list of resources for child assessment, therapy, tutorials, and enrichment programs.

________ Are there opportunities for parents and educators to collaborate in:

- services for an individual child?
- program planning, policy formation, and evaluation?
- training and education?
- teambuilding?
- inservice training?

________ Do educators:

- share complete information?
- demonstrate respect for families?
- honor family choices?
- appreciate cultural differences?

________ Are there opportunities for educators to learn directly from parents about their perspectives and support needs?

________ Are meeting times and locations scheduled at times that are convenient for families?

________ Do preservice and inservice training programs provide instruction in the following areas:

- effective communication skills and methods for working collaboratively with families?
- skills in working collaboratively as a team member with educators and related service personnel?

________ Are parents invited to participate in inservice and preservice programs?

Adapted from: Shelton, T.E., Jeppson, E.S., & Johnson, B.H. (1989). Family-Centered Care For Children with Special Health Care needs. Bethesda, MD: Association for the Care of Children's Health.
Home-School Partnerships, Bruan and Swap, Wheelock College, Boston, MA, 1986.

Welcoming Parents as Partners

Things We Do Well . . . .

Ways To Improve . . . .

Our Plan . . . .

What Parents Want
For Their Children with Disabilities

ALL PARENTS WANT...

- **The right to have their sons and daughters receive an education.**

- **Continuity in Schooling**
  Parents do not want their children moved from one school or program to another depending on where there is space or funding.

- **Real inclusion in school life**
  Parents want to feel their children have the right to be there, that they are accepted as "regular" members of the school community.

- **Parent inclusion**
  Parents of students with disabilities want to be involved in the school community. School events and activities should include all parents.

- **Appreciation**
  Parents want their sons and daughters appreciated as individuals with talents, limitations, hopes and dreams.

- **Their children to be regarded as contributors** to their school, classrooms and community.

- **Collaboration**
  Working collaboratively with families improves outcomes for students and improves the overall quality of educational programs. Parents want to be involved as equal members of their child's planning team. They know their child from a 24 hour perspective and are the only members of the team with a life long commitment to that student.

> *Parents can play important roles in policy development and strategic planning. Including parents in these activities sends the clear message that parents are valued members of the school community.*

The Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA)
mandates that parents, administrators, teachers and related service personnel share decision making authority in the design of the *Individualized Education Program (IEP)* for children with disabilities. The *Individuals with Disabilities Education Act* establishes the process by which educational decisions for children with disabilities are made. This law reflects the philosophy that excellence in our education system requires a genuine partnership between schools and families. Genuine partnerships occur when families are truly an integral part of the educational process.

Parent participation falls into the following general areas:

Notice	of selected proposed actions, inactions or changes in programs or services;
Consent	prior to initial evaluation and initial placement in a special education program;
Participation	in the referral, evaluation and development, monitoring and revision of a child's Individual Education Plan;
Access	of records to inspect and review;
Verification	securing independent educational evaluations; and
Oversight	initiating and participating in a due process hearing.

Parents have the right to:

Active participation before the IEP meeting;
An opportunity for **meaningful** input;
Joint development of the IEP; and
Continual involvement in the child's educational program.

Parent Training and Information Center

The Individuals with Disabilities Act (IDEA) provides parents with rights and opportunities to contribute their own unique understanding and perspectives of their children throughout the special education process. Congress enacted legislation to establish one **Parent Training and Information Center** in each state.

Parent Training and Information Centers help parents to:

- understand the provisions of the Individuals with Disabilities Education Act;
- communicate more effectively with educators, administrators, related service personnel and other professionals;
- better understand the nature of their children's disabilities;
- participate in education decision-making processes with the schools, including development of the Individual Education Plan (IEP); and
- obtain information about the range of options, programs, services, and resources available to their child with a disability.

SOUTH DAKOTA PARENT CONNECTION is a federally funded parent training and information center which serves families of children with disabilities.

South Dakota Parent Connection believes that a child's needs are best met by families who are empowered to be their own advocates. South Dakota Parent Connection's role in empowering families includes:

- A quarterly newsletter, The Circuit, which is distributed free of charge to parents and at a small fee to professionals.
- A resource library which includes videos, audio tapes, and books for loan.
- A toll-free number for providing information and technical assistance to parents.
- Workshops offered in your community or area upon request: Special Education Law, Effective Communication, Coping and Grieving, Individualized Education Plan, Transition to Adulthood, Family Impact–The Other Child, ETC–Embrace the Children (Inclusion), and ADD (Attention Deficit Disorder).

South Dakota Parent Connection
3701 W. 49th St., Suite 200B
Sioux Falls, South Dakota 57106
Ph. 605-361-3171 or 1-800-640-4553 Fax 605-361-2928

Parents on the Team

Who Should be on the Team?

Three questions need to be answered:

- *Who has the expertise needed by the team?*
- *Who is affected by the decisions?*
- *Who has an interest in participating?*

> *"Over, the years professionals will come and go. Parents are in it for the 'long haul'. We are experts when it comes to our child."*
>
> South Dakota Parent

IDEA, the Individuals with Disabilities Education Act, promotes a team approach to serving children. The process of teaming is an effective strategy for planning and problem solving to meet the individual needs of a child with disabilities. The team members **problem solve, brainstorm ideas for individualized adaptations, identify needs** and **provide each other support**. In order to operate as an effective team, the team membership, including team characteristics and team members' roles should be clearly delineated. Furthermore, the ground rules for the planning team should be well understood.

Over the years, services, providers, and school personnel all will change. The family will remain a constant influence in their child's life. That makes them the most important member on the planning team.

Parents can:

- identify important learning activities for their child;
- identify strengths and needs of their child and family;
- provide insight into the child's abilities in a variety of environments; and
- provide a **vision,** a **dream,** for their child's future.

Team Membership

Teams should include those people affected by the decisions made by the team and those who have information or skills to help the team make better decisions (Thousand & Villa, 1992). The team players are the foundation, and, therefore, the composition of the planning team is very important. Membership must include "key players". Individuals in the following role groups would constitute potential team members:

- Regular class teacher(s)
- Administrator(s)
- Special Educator(s)
- Paraprofessional(s)
- Parent/family
- Student
- Peer(s)
- Related service staff
- Others as identified by the team (nurse, counselor, physician)

Characteristics of Effective Teams:

- Two or more members on the team
- Active parent involvement on the team
- Members with various roles on the team
- A shared framework and unified set of goals
- Members that engage in problem-solving and collaborative activities to reach goals
- Shared resources

> *A Collaborative Team is 2 or more people working together for a common goal.*

Characteristics of Team Members

Effective teams have members who:

- accept and appreciate differences in others
- treat others as individuals
- are flexible
- are active, participating, and productive
- are willing learners
- communicate in constructive ways
- are willing to share work, responsibilities, accolades and failure
- bring problem-solving and collaborative values and skills to the group

> *"Parents must have the same information that other team members have to make informed decisions if they are to be true team members."*

Strategies for Facilitating Team Interactions

Team members must know why they are in existence. The goals and purpose of the team must be discussed by all team members.

- **Select a regularly scheduled team meeting time.**
  For example:
  - the third Tuesday of every month from 3:15-4:15 p.m.
  - or every Thursday morning from 7:45-8:15 a.m.

- **Set group norms**
  For example:
  - meetings will start and end on time;
  - late arrivals and early departures will be frowned upon;
  - other activities will not preempt team meetings

- **Create a physical environment which is conducive to collaboration.**
  For example:
  - create a circle for seating;
  - arrange for privacy;
  - avoid interruptions, etc.

- **Use and follow a written agenda for the team meeting.**
  - An agenda can be generated at the beginning or end of each meeting.
  - Get input from all team members on their concerns or issues to be discussed at the next meeting. (See Appendix)

- **Establish roles for team members to be shared on a rotating basis.**
  - **Facilitator** leads the discussion and keeps it going according to the agenda.
  - **Timekeeper** monitors time use and reminds team members to honor time limits which have been set.
  - **Recorder** takes the minutes of the meeting and is responsible for distribution of the minutes to all team members.
  - **"But" Watcher** listens to others and tries to watch for any negative remarks such as *"That would be a good idea, BUT..."*.
  - **Jargon Buster** clarifies any jargon/acronyms used in the meeting. They might ask, *"I'm sorry, could you clarify that?"*
  - **Keeper of the Rudder** keeps people on task or on topic of discussion.
  - **Equalizer** makes sure that everyone has an opportunity to participate.
  - **Observer** is a person who is impartial and gives the rest of the team feedback.
  - **Empty Chair** is for a person who is absent from the meeting. Place a name tag on a chair for the person who is absent. It reminds other members to always keep in mind what that person' feelings/opinions might be even though they aren't there.
  - **Greeter** makes sure that newcomers feel welcome and get introduced to others.

- **Address agenda items.**
    - Develop a plan if action is required.
    - Set timelines and designate the person who is responsible for activities.
    - Follow through with the action plan.
    - Do what you say you will do!

- **Practice collaborative skills**

  For example:
    - Develop common goals.
    - Share resources.
    - Develop methods of communicating with all team members.
    - Build on your teammate's ideas.
    - Criticize an idea, not a person.
    - Come to meetings prepared.

- **Infuse Creative Problem Solving skills into team interactions.**

  Use a problem solving process to assist in finding solutions to some of the unique challenges presented to the team. One you might consider is: SODAS (See Appendix)

> *"Before a partnership can genuinely exist there must be give-and-take, mutual respect, and something like moral and cultural equality. Both the parent and the professional must attempt to understand the other's point of view."*
>
> *(Geidman & Roth, 1980)*

Adapted from: Villa, Richard A., Thousand Jaqueline S., Stainback W. and Stainback, S., **Restructuring for Caring and Effective Education,** Paul H. Brookes Publishing Co., Inc. 1992.

Trust

Trust and respect are essential to the development of effective partnerships among parents and school personnel. Building a trusting and respectful relationship with families is an interactive process that involves the mutual sharing of ideas, information and feelings. (Margolis & Brannigan, 1986)

- Accept families as they are.
- Listen carefully and empathetically to the family's message.
- Respect the contributions of the family. Keep confidential the information they share with the team.
- Prepare for all meetings.
- Share information and resources with families.
- Focus on the hopes, dreams, concerns, and needs of family members.
- Keep your word...return calls promptly and share materials as promised.
- Provide materials in the family's native language.
- Use community representatives and/or peers to develop relationships.
- Try to look at situations from the family's point of view.
- Be flexible and sensitive to logistical constraints in working with the family to find viable solutions that are comfortable for the family. Families have other needs and responsibilities.
- Allow the family's expertise to shine.

trust: a firm belief or confidence in the honesty, integrity, reliability, justice, etc. of another person or thing
Webster's New World Dictionary

Adapted from:
"Building Trust with Parents", by H. Margolis and G. Brannigan, 1986, Academic Therapy, 22(1), 71-75.

"Ordinary Families, Special Children: A Systems Approach To Childhood Disability" by M. Seligman and R.B. Darling, 1989.

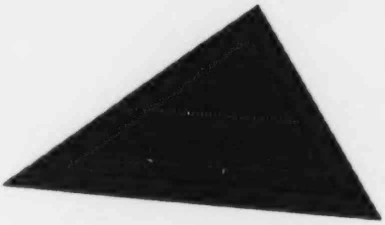
Communication

Families are all different. Individualize communication, respect preferences, and provide an array of options for participation from which families can choose.

Effective partnerships depend on frequent, open communication. It is essential that everyone involved with the student establish a means to share information. One-to-one contact between parents and staff can lead to the most effective results for children. Parents appreciate receiving information regularly about their child's activities and progress at school.

Develop your own method of **welcoming parents into this partnership**. Determine as a team the best method of exchanging information on a regular basis.

Communication Sharing Strategies



- **Progress Reports**

  Progress reports provide families with feedback about how their child is doing at school. Information can be included about goals and objectives on the Individual Education Plan (IEP) or any single subject area. Progress reports can be sent home once a day, once a week, or once every few weeks. (See example in appendix.)

- **Daily Notebook or Log**

  A daily log is a good method of communication for exchanging information and strengthening relationships. Logs provide a record of communication over time that parents may want to keep at the end of a year. The log can inform parents of skills that are being taught in school and of upcoming school and classroom events. Parents may wish to share through log notebooks information helpful to school personnel such as routine care (i.e., eating and toileting habits), special accomplishments and activities at home.

  School personnel may also use this notebook to facilitate the development of friendships. For example, include the names of classmates their child interacts with so that parents can use their names when talking to their son or daughter. With parental permission, students may be encouraged to exchange phone numbers so that they can arrange to get together out of school hours.

- **Newsletters**

  Newsletters are an enjoyable and creative way to provide information and support to families. They can be used to inform parents of new programs, special events and activities at school. Include in your newsletters drawings, quotes, stories from students, a parent column and updates of ongoing school projects. Information such as tips for other families, adapted toys, announcement of workshops and seminars could be included in a newsletter.

- **Handouts**

  Handouts are a way to provide information on a specific topic. A few of the subjects that could be topics for handouts: resources in the community; a bibliography of books about disabilities available in the school or local library; a list of computer programs that children enjoy; or activities students can do at home.

- **Telephone Calls**

  Telephone calls can be a convenient way to share information or to problem solve with families. Arrange for specific times to contact or be contacted by phone. For example, you may want to inform parents that Tuesday afternoons from 3:15 - 4:00 pm is your best time to visit. Asking parents what time would be best for them to receive phone calls will avoid disrupting their schedule.

- **Scrapbook**

  A scrapbook shows the child's growth and progress with examples. You may want to include the child's work, pictures taken of classroom activities, and written notes.

"Share information in a way that provides families encouragement."

"By encouraging parents, listening to their opinions, acting on their suggestions, sharing your expertise, and including them in decision making - you are strengthening them for a lifetime role of advocacy required by their child's circumstances."

(M. Hunt, Personal Communication, May, 1989)

- **Video**

  A video of the child's accomplishments or of the child participating in a school or classroom activity is another way of sharing information about a students progress with their family.

- **Parent/Teacher Conferences**

  These conferences allow parents and school personnel to get to know each other on a one-to-one basis and discuss the progress of the individual student. Allow enough time to visit so the participants do not feel rushed, frustrated and inconvenienced.

- **Audio Cassettes**

  You may consider this communication option for parents who are not comfortable with written forms, printed information or who have a visual impairment.

- **School/Classroom Visits**

  Encourage parents to visit their son's or daughter's classroom. Welcome parents into school as volunteers, observers, consultants and advisors.

- **Program Awareness Nights**

  A monthly or bi-monthly forum offers the community a look at innovative practices at your school. During the school year, topics such as cooperative learning approaches, critical thinking skills, transition, and inclusive classes may be discussed.

- **Team Meetings**

  In addition to the regular parent/teacher conferences, set up specific, regular meeting times. These may be as often as once per week at the beginning of the year and less frequently later. Give all team members the opportunity to provide you with a list of their questions or issues prior to the meeting. This will assist in making your meeting much more efficient as everyone will be prepared.

> *"As often as possible,*
> *put yourself in the students'*
> *or parents' shoes."*

- **Positive Student Profile**

  The Positive Student Profile enables parents to provide the team with a "snapshot" of their child, focusing on the child's strengths and capabilities. The form also reflects information concerning the child's educational needs, long-range goals, and the types of supports required for the student to succeed. (See example in appendix.)

- **Goals-At-A-Glance**

  This form provides a format for the parent to present the major goals they feel the Individual Education Plan (IEP) should address. Another use of this form is to provide a shortened version of the Individual Education Plan (IEP) for the classroom teacher, which can be updated as necessary to reflect the students most current needs.

- **Home Visits**

  Home visits may be one option preferred by some families. Make home visits only if they are scheduled with the family ahead of time. When considering home visits, it is particularly important to recognize that some parents may find home visits intrusive.

- **IEP Inventory**

  The Individual Education Plan (IEP) inventory is to be filled out prior to and shared in the Individual Education Plan (IEP) meeting. (See appendix.) This inventory helps parents identify their expectations for their child.

> *"Be honest . . . remember that every negative can be stated positively, hope provides parents with significant amounts of motivation."*

Successful Meetings

How to Make It Happen!

Consider the following strategies for successful meetings with parents...

- Send notification of meetings early to team members. **Offer parents choices for the date, time, and location of the meeting.**

- Make your first interaction with the family a **positive** one.

- **The initial contact with the family should be designed to build trust between the school and the family.** Too often the first time parents hear from the school is when the problem has developed, which may set up an antagonistic environment.

- **Plan a comfortable physical environment for meeting.** Create a circle to promote face-to-face interaction.

- **Arrange to have no interruptions during the scheduled meeting time.** If there is an emergency interruption, tell the family members they can have additional time, or reschedule the meeting.

- **Provide records and reports to the families before the meeting.** Offer to review technical reports prior to the meeting so they can come to the meeting prepared.

WELCOME family members and other members of the team to the table. Let each person know that they are valued members of the team and their involvement is appreciated. Hospitality is important!

- **Plan an agenda which includes realistic time limits.**

- **Open the meeting with a positive topic.** Compliment the student's strengths and capabilities or tell an amusing story about something the student might have said or done recently.

- **Let the family begin the meeting if they choose to.** Listen carefully to what is being said and ask clarification questions.

- **Acknowledge the family's expertise** about the child's interest, behaviors, aptitudes, history, preferences and learning styles.

- **Use clear language. Avoid jargon or acronyms.**

- **Encourage parents to invite a family member, friend or advocate to meetings.** Parents may invite whomever they think may be helpful.

> *"I know the day will come when*
> *I will look forward to our son's IEP meeting.*
> *It will be the time each year when together,*
> *as a team, we share his accomplishments*
> *and anticipate his future!"*
>
> South Dakota Parent

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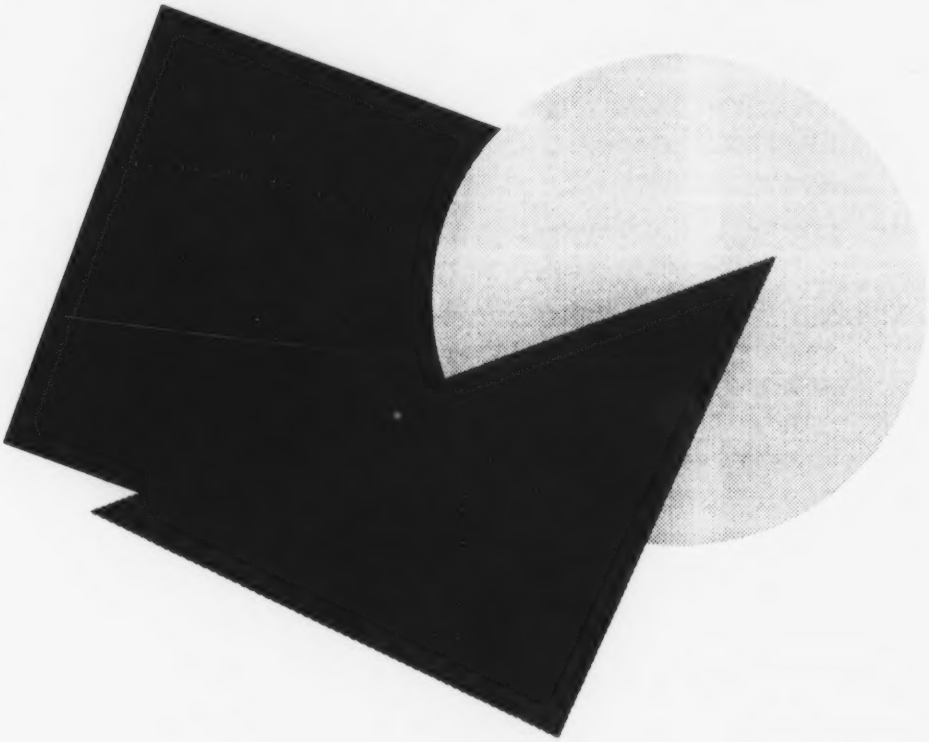
Appendices



A. Sample Progress Reports
B. Agenda Form
C. Creative Problem Solving
   SODAS
D. Positive Student Profile
E. IEP Inventory/Parent Questionnaire
F. Goals at a Glance

A. SAMPLE -- Progress Report

Figure #1

About Today

Name: ______________________ Date: ______________

I did really well today on: ______________________

I am still working hard on: ______________________

Teacher signature: ______________________

Parent signature: ______________________

Figure #2

INDIVIDUAL EDUCATION PLAN **PERIODIC PROGRESS REVIEW**

IEP DATE ______________ **IEP REVIEW DATE** ______________ **PAGE** ___ **OF** ___

RATE THE PROGRESS WHICH HAS OCCURRED FOR EACH GOAL AND OBJECTIVE

How is the learner's performance different at this time from the time of the writing of the IEP?

Goal #. Objective #. Completion Date	PROGRESS REVIEWS	REVIEWER

B. Team Meeting Agenda

Team Meeting for: ______________________________ Date: ____________

Start Time: ________ Finish Time: ________

Team Members Present:

______________________ ______________________
______________________ ______________________
______________________ ______________________
______________________ ______________________
______________________ ______________________
______________________ ______________________
______________________ ______________________

Roles:	For This Meeting:	For Next Meeting:
Facilitator		
Recorder		
Timekeeper		

Agenda Items for this meeting: Time Limit

1.

2.

3.

4.

5.

Agenda Items for next meeting:

1.

2.

3.

4.

5.

40

Minutes:

Assigned Tasks:

Person(s) Responsible	Task	Completed by:

C. *Creative Problem Solving*

No one can solve your day to day challenges except YOUR OWN TEAM! Use a problem solving process to assist in finding solutions to some of the more unique challenges. By using a process, it forces team members to work through the entire problem and toward a more long lasting approach. There are many creative problem solving "processes".

SODAS is a problem solving "process" you might consider.

S **Situation** (Define the problem.)

Do some Fact Finding at the point by thinking about the following:

- Who is or is not affected?
- What is or is not happening?
- When does or doesn't it occur?
- Where does or doesn't it occur?
- Why does or doesn't it occur?
- How does or doesn't it happen?

O **Option**

This is the brainstorming part of the creative problem solving process. DO NOT JUDGE the ideas at this point. Try to generate as many ideas as possible, REGARDLESS how silly they might seem. Use phrases or questions to help generate ideas, such as:

- "In What Ways Might We . . . .?"
- "What If There Were No Obstacles . . . . ?"
- "Who Else Might Have Ideas . . . . ?"
- "If I Had a Magic Wand I Would . . . . ?"

D **Disadvantages**

Now, take a look at the options and select those that the team feels are possibilities. What might the DISADVANTAGES be if you implement the option? List them on one side of the paper.

A **Advantages**

Using the same selected options as above take a look at the ADVANTAGES of implementing the option. List them along side of the disadvantages.

S **Solution**

By looking at the disadvantages and advantages begin to form your solution to the situation. Several of the options might be combined into the solution.

SODAS

SITUATION (Define the problem)

____
____
____

OPTIONS:

1. ____________ 2. ____________ 3. ____________

DISADVANTAGES:

a. ____________ b. ____________ c. ____________
a. ____________ b. ____________ c. ____________
a. ____________ b. ____________ c. ____________
a. ____________ b. ____________ c. ____________

ADAVANTAGES:

a. ____________ b. ____________ c. ____________
a. ____________ b. ____________ c. ____________
a. ____________ b. ____________ c. ____________
a. ____________ b. ____________ c. ____________

SOLUTION:

If you agree to a solution, MAKE A PLAN.
(Who will do what, when? How will you know if the plan is working?)

D. Positive Student Profile

This form is to be filled out by the parent to provide a "snapshot" of your child which should be reflected in his/her IEP.

Place photo here.

1. Who is ______________________? (describe your child, including information such as place in family, personality, likes and dislikes.)

2. What are ______________________'s strengths? (Highlight all areas in which your child does well, including educational and social environments.)

3. What are ______________________'s successess? (List all successes, no matter how small.)

4. What are ______________________'s greatest challenges? (List the areas in which your child has the greatest difficulties.)

5. What supports are needed for ______________________? (List supports that will help your child achieve his/her potential.)

6. What are our dreams for ______________________? (Describe your vision for your child's future, including both short-term and long-term goals.)

7. Other helpful information. (List any pertinent information, including health care needs, that has not been detailed elsewhere on this form.)

IEP Inventory
E. Parent Questionnaire

Family members fill out the inventory prior to and share it with team members at the IEP meeting.

Student Name ______________________________ Age ________

Parent Name ______________________________

Address ______________________________

List three activities your child takes part in with your family. ______________________________

____

____

____

How extensively is your child involved in these activities? ______________________________

____

Is your child able to entertain him/herself alone? ______________________________

What recreational activities can be implemented at school to improve your child's quality of life?

____

____

List your child's three favorite stories. ______________________________

____

____

____

What reading skills do you see as part of your child's educational plan (listening to stories, identifying story characters, recognizing simple words, sounding out words, reading words in context, recognizing words around the community)?

____

____

____

List three math skills your child demonstrates at home (one-to-one correspondence counting, value of money, making change, telling time, measuring, using a calculator, identifying numerals, writing numerals, adding and subtracting).

____

____

____

Using the examples from number seven, what math skills would you like to see your child acquire this year?

____

____

Describe your child's fine motor skills (button, snap, zip, stringing beads, using writing instruments, tie shoes, coloring, cutting, and pasting). How can the school improve these skills?

____

____

Describe your child's communication skills (speaks in sentences, phrases, or single words, uses sign language, noncommunicative, easily understood).

____

____

____

Is your child more comfortable communicating with certain family members or peers than others?

Please describe. ______________________________

____

____

Does your child maintain eye contact during communication? ____________________

____

Is your child able to follow oral directions? A two-step direction? ________________

____

List three ways you'd like to see your child's language skills improved.____________________

____

____

List three social activities you'd like to see your child take part in. ____________________

____

____

Are there any other skills or activities not noted that you would like your child to learn? __________

____

____

List three ways you would like to be contacted regarding school information (post cards, phone, weekly diary, daily log).

____

____

____

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F. Goals-At-A-Glance

This form is to be filled out by the parent and shared with the team. Under each heading below, enter a few major goals that you feel the IEP should address.

Academic:

Social/Emotional/Behavioral:

Communication:

Daily Living:

Transition to Adulthood (No later than age 14):

Other:

The Systems Change Primer

a closer look at

South Dakota Statewide Systems Change

South Dakota Deaf - Blind Project

INCLUSION: *1) The act of including or the state of being included.*

2) Something included.

INCLUDE: *1) To have or take in a part or member; contain.*

2) To put into a group, class or total.

South Dakota Statewide Systems Change Project

The Project Staff

Project Director
Deborah Barnett

Model Systems Planner
Phylis Graney

Education Strategist
Janie Rook

Education Strategist
Pam Greene

Education Strategist
Kim Hanes

Parent Support Consultant
Carol Heltzel

Parent Support Consultant
Cheryl Duffy

Parent Support Consultant
Brenda Smith

South Dakota
Deaf Blind Project

Project Administrator
Deborah Barnett

Project Director
Phylis Graney

Education Strategist
Kim Hanes

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1995

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Introduction

This guide is to be used by educators, administrators, and parents as they plan inclusive educational programs for children and youth with disabilities and deaf-blindness. Providing inclusive educational programs for children with disabilities requires collaboration, teamwork, and the use of a variety of strategies. This primer is designed as a "starting point" to help you meet the individual needs of children.

Two major support systems to help schools, communities, and parents to promote inclusion for children with disabilities are the **South Dakota Statewide Systems Change Project** and **The South Dakota Deaf-Blind Project**. These Projects provide technical assistance to schools, families, and communities to assist them in developing and implementing individual education plans (IEPs) for children with disabilities in general education and community settings. The Projects also provide public information, materials, training, and other resources to assist individual children or groups of children to be successfully included in general education and community settings.

The South Dakota Statewide Systems Change Project provides services, consultation, and supports through regionally based Education Strategists and Parent Support Consultants. Funded by a Federal grant to the South Dakota Department of Education and Cultural Affairs, Office of Special Education, the staff of the project work in cooperation with State staff to support local schools in their efforts to build schools that *WELCOME ALL STUDENTS*.

To access assistance of the **South Dakota Statewide Systems Change Project** and **South Dakota Deaf-Blind Project**, contact the Projects' main office at (605) 224-9554 or 1-800-873-3493. You may also receive assistance by calling the South Dakota Department of Education, Office of Special Education at (605) 773-3678. Public schools, private schools, parochial schools, parents/families, private service agencies, community organizations, advocacy groups, higher education institutions, and tribal education programs are eligible to request assistance from the project.

STATEWIDE SYSTEMS CHANGE SERVICES

√ Consultation
  - On-Site
  - Telephone

√ Training
  - Individual
  - Group

√ Provision of Materials: Print & Audiovisual

1-800-873-3493

We Believe ...

- *Inclusion is a process, not a place, service or setting.*

- Children and youth with disabilities have the right to participate in the same neighborhood schools, classrooms, extracurricular activities and community programs they would attend if they did not have a disability.

- Children and youth with disabilities should have the opportunity for meaningful relationships and experiences within their family, school, and community.

- Families and school personnel working collaboratively improves the overall quality of education programs for children and youth with disabilities.

"Talking the Talk"

People with disabilities are **"People First"**. They want the same things in life as people who don't have disabilities. All too often persons with disabilities live in a world where they are subjected to prejudice and are not appreciated. Frequently they are "labeled" so that people see only their disability--not their abilities. Everyone wants and needs to be loved, appreciated, and respected.

* ***A first step to changing attitudes is changing the way we speak.***

* ***Become aware of the way you speak or describe people with disabilities.***

* ***Make it a point to use 'Person First Language'.***

Focus on the Individual:

Labels are extremely powerful. Don't let a person's disability become his label. Say "student, who has a disability" rather than "a disabled student". A small difference, but it makes the student more important than the disability.

Be Positive:

Think of the image that is created by the language you use! A person who has cerebral palsy is not a "CP Victim". Someone who has multiple sclerosis is not "stricken by MS". Words like "victim", "stricken" and "pitiful" promote negative feelings.

Say " uses a wheelchair" rather than "she is confined to a wheelchair". Say "he walks with crutches or braces" rather than "he is crippled". Not only is this more positive, it is more accurate. A wheelchair does not confine ... it allows the user to move around, to go to school, to work, to travel and to play.

Remember! *Refer to the disability only if it is relevant.*

A disability is a condition that interferes with a person's ability to do something independently - walk, see, hear, or learn. People with disabilities also have many talents and abilities. They have contributions to make. The words we use must convey this message.

The only label a person needs is his/her name. Instead of labels think of ALL people in terms of their strengths and abilities. Your language will promote a vision of inclusion for people with disabilities.

Awareness: The First Step

A "**can do**" attitude is vital to provide successful inclusion of children with disabilities into general education and community settings. School district personnel, families, and community members must actively collaborate to set the stage for inclusive opportunities for children and youth with disabilities and deaf-blindness.

In an inclusive school community EVERYONE has a role.

Administrators set the tone for the school and create a climate of acceptance of ALL children. They must provide for any staff training and support that is required to meet student needs. Administrators also must provide time for staff to plan, problem solve and collaborate.

Parents present their family values and priorities for their child. They can provide insight into the child's functioning in a variety of environments. Also, parents provide a vision or dream for their child's future.

Special Education Teachers share ownership of students with regular education staff. They collaborate with and provide consultation to other staff. Together the regular education teacher and the special education teacher identify the type and level of supports needed by students. They assist in adapting the curriculum, materials, and equipment or may co-teach with a regular education teacher. They help incorporate the student's Individual Education Plan, IEP, goals into typical activities and interactions.

Regular Education Teachers include the student with disabilities as a member of the class, not a visitor. They share ownership of students with special education staff. They adapt learning activities to include the student with disabilities in meaningful ways. They must incorporate goals from the Individual Education Plan (IEP) in typical activities and interactions. Inclusion draws on the **same capacities that make them good teachers for ALL children**.

Para-Educators facilitate the child's direct participation in school and classroom activities. They may provide assistance to the child with disabilities as well as other children in the classroom. They problem solve with team members to find creative solutions to the unique challenges of inclusion. They incorporate IEP goals in activities and interactions as directed.

Related Service Personnel plan functional approaches to addressing therapy needs in classroom activities and interactions. They assist in adapting materials and equipment. This can be a beneficial means of meeting a child's needs for related services while maximizing the child's participation in the regular classroom.

Some of the beginning steps in the awareness process are:

- **F**orm a team to develop a plan of action to facilitate inclusion in your school. Include administrators, educators and parents and other school personnel.
- **B**egin by sharing and expressing your school's dream for ALL students.
- **D**iscuss where students and staff are in the inclusion process.
- **D**etermine what skills will be needed by staff and how to obtain the necessary skills.
- **M**ake a plan to achieve Inclusion in your school. Assign tasks and timelines to actions. (See page 12).
- **P**rioritize actions needed to be successful.
- **S**chedule time to reflect upon accomplishments.
- **R**eevaluate your plan.

The following checklists, **"An Inclusion Checklist"** and **"School Inclusion Assessment"**, may help school personnel review best practices regarding the development of inclusive school communities and identify areas in which the staff sees need for further development.

AN INCLUSION CHECKLIST FOR YOUR SCHOOL

__ 1. Do we genuinely start from the premise that each child belongs in the classroom he or she would otherwise attend if not disabled (or do we cluster children with disabilities into special groups, classrooms, or schools)?

__ 2. Do we individualize the instructional program for all the children whether or not they have disabilities and provide the resources that each child needs to explore individual interests in the school environment (or do we tend to provide the same sorts of services for most children who share the same diagnostic label)?

__ 3. Are we fully committed to maintenance of a caring community that fosters mutual respect and support among staff, parents, and students in which we honestly believe that children without disabilities can benefit from friendships with children with disabilities and children with disabilities can benefit from friendships with children without disabilities (or do our practices tacitly tolerate children teasing or isolating some as outcasts)?

__ 4. Have our general educators and special educators integrated their efforts and their resources so that they work together as integral parts of a united team (or are they isolated in separate rooms or departments with separate supervision and budgets)?

__ 5. Does our administration create a work climate in which staff are supported as they provide assistance to each other (or are teachers afraid of being presumed to be incompetent if they seek peer collaboration in working with students)?

__ 6. Do we actively encourage the full participation of children with disabilities in the life of our school including co-curricular and extracurricular activities (or do they participate only in the academic portion of the school day)?

__ 7. Are we prepared to alter support systems for students as their needs change through the school year so that they can achieve, experience successes, and feel that they genuinely belong in their school and classes (or do we sometimes provide such limited services to them that the children are set up to fail)?

__ 8. Do we make parents of children with disabilities fully be a part of our school community so they also can experience a sense of belonging?

__ 9. Do we give children with disabilities just as much of the full school curriculum as they can master and modify it as necessary so that they can share elements of these experiences with their classmates (or do we have a separate curriculum for children with disabilities)?

__ 10. Have we included children with disabilities supportively in as many as possible of the same testing and evaluation experiences as their nondisabled classmates (or do we exclude them from these opportunities while assuming that they cannot benefit from the experiences)?

Reprinted with permission from: "The Inclusion Revolution" by Joy Rogers, published by the Center for Evaluation, Development, and Research, Phi Delta Kappa, Bloomington, Indiana.

School Inclusion Assessment

School Name: ____

Person Completing Assessment: ______________________________

Date: ________________________

Score Code:	**0**	**No evidence of this quality indicator**
	1	**Some evidences of this quality indicator for all students .**
	2	**Some evidence of this quality indicator for all students**
	3	**The quality indicator is clearly evident for all students/staff, including programs for students with the most severe disabilities**

	Inclusion School District Assessment	Score	Comments
1.	Students with disabilities are included in age-appropriate regular education homerooms.		
2.	School building(s) are accessible to all persons with disabilities.		
3.	Students with disabilities have the same school calendar and hours as their typical peers.		
4.	The principal is *ultimately* responsible for implementation of all educational programs, which includes supervision and evaluation of the staff.		
5.	There is a defined plan or process for supporting staff in implementation of educational services (i.e., time for team planning meetings).		
6.	Ongoing information is provided through the regular education curricula on individuals with disabilities.		
7.	There is a school mission statement that reflects a philosophy that every child can learn and considers the school to be accountable for serving *all* students.		

Inclusion School District Assessment	Score	Comments
8. The school philosophy supports the need for staff inservice training on a regular basis.		
9. Special education staff attend faculty meetings with regular education staff.		
10. Special education staff participate in regular supervisory duties (e.g., lunch, bus, playground duty).		
11. Special education staff participate in extracurricular responsibilities (e.g., chaperons dances, works with student clubs).		
12. Special education staff follow the same procedures and protocol as regular educators.		
13. Special education staff interacts with regular education staff on a regular basis.		
14. Special education staff take lunch breaks and/or prep periods in same areas as regular education staff.		
15. Special education instruction consistently models positive attitudes and appropriate interactions with all students.		
16. Special education staff consistently use age appropriate terminology, tone of voice, praise/reinforcement with all students.		
17. Special education instruction uses age-appropriate materials.		
18. When appropriate, student IEP programs include behavior management strategies that are positive and use natural cues and consequences.		
19. Classrooms provide safe, orderly, and positive learning environments for all students.		
20. Regular educators establish high expectations for *all* students within their classrooms.		
21. Regular education staff consistently participate as IEP team members.		
22. Cooperative learning strategies are implemented within classrooms.		

Inclusion **School District Assessment**	Score	Comments
23. Regular education staff team-teaches with special education staff.		
24. Learning objectives for students with disabilities are adapted and included within the core curriculum.		
25. Regular and special education staff collaborate to make material and environmental adaptations for students with disabilities.		
26. Regular education staff allow alternative or modified curriculum to be used in their classrooms.		
27. Regular education students have learned about disabilities via: -- learning stations or simulations about persons with disabilities. -- films or discussions about people with disabilities. -- guest speakers who are individuals with disabilities. -- unit on disabilities within regular education curricula. -- informal discussion/Q & A sessions -- attending classes with students with disabilities. -- Other:________________		
28. Special educators establish appropriate expectations for *all* students within their classrooms.		
29. IEP objectives reflect parent input.		
30. Activities for students with disabilities use materials, instructional procedures, and environments that are age-appropriate and individualized.		
31. Instruction for students with disabilities occurs in natural environments (e.g., regular classrooms, community).		
32. Regular and special education teachers collect specific data to document student performance and to identify a need for program modification.		

Inclusion School District Assessment	Score	Comments
33. Adaptations are made in curriculum and instruction to allow opportunities for students to develop independence across all environments.		
34. Curriculum and instruction uses positive programming and other non-aversive strategies in behavior programs.		
35. Educational and related services are provided in a consultative format and a direct service format, as needed.		
36. When services are delivered in a consultative format, they include training of service providers, follow-up, and regular monitoring of programs.		
37. Parents and other family members have the opportunity for educational and related services consultation, training, and follow-up to maximize student's development outside of school.		
38. Students with disabilities attend specials (e.g., art, music) with age-appropriate nonhandicapped peers.		
39. Students with disabilities have opportunities to participate in school sponsored extracurricular activities (e.g., sports, teams, clubs, dances, assemblies) with their nonhandicapped peers.		
40. For students with disabilities, who are 16 years or older or entered in 9th grade, a written plan for transition to adult services is provided.		
41. A current schedule of daily activities describing what students are doing, when, and with whom, is available and accessible within the classroom.		
42. For each IEP objective currently being implemented, there is an instructional program or lesson plan written in a format which allows for reliable implementation by anyone delivering direct instruction.		

Inclusion School District Assessment	Score	Comments
43. There is a procedure for training and monitoring paraprofessionals implementing instructional programs.		
44. Each written IEP instructional program currently being implemented is available to direct instructional staff (including regular education staff and paraprofessionals).		
45. Data reflecting student progress is collected at least weekly on all IEP instructional programs.		
46. There is a system for providing parents with information about available community resources (e.g., counseling, respite care).		
47. There is a written plan and a formal process for the district to review educational and related services provided within the district.		
48. Students with disabilities have regularly scheduled, structured opportunities to interact with age-appropriate, nondisabled peers throughout the school day.		
49. When appropriate, related service personnel provide therapy services in integrated settings (e.g., regular classrooms, community) with nondisabled peers.		
50. There is a written plan for students with disabilities to return to the regular classroom.		

* * *

INCLUSION ACTION PLAN

DATE: ______________________________

PARTICIPANTS: ____________________ ____________________

____________________ ____________________

____________________ ____________________

____________________ ____________________

ACTIONS FOR OUR SCHOOL TO CONSIDER... WHO? WHEN?

1.

2.

3.

4.

5.

How will we know if the plan is successful?

Who else needs to know about this plan?

REVIEW DATE: ____________________

65

Creating a Working Team

*"Working together as a **Team** is at the heart of the inclusion process".*

IDEA, the Individuals with Disabilities Education Act, promotes a team approach to serving children. Teaming is an effective strategy for planning and problem solving to meet the individual needs of students with disabilities. Team members problem solve, brainstorm ideas for individualized adaptations, identify needs and provide each other support. Team characteristics and team members' roles should be clearly delineated. Teams must have a PROCESS for conducting meetings and have CREATIVE PROBLEM SOLVING and TIME MANAGEMENT skills to make the most of their time.

TEAM MEMBERSHIP

Teams should include those people affected by the decisions made by the team and those who have information or skills to help the team make better decisions (Thousand & Villa, 1992). The team players are the foundation, and, therefore, the composition of the **planning team** is very important. Individuals in the following positions/groups would constitute as potential team members:

WHO SHOULD BE ON THE TEAM?

Who has the expertise needed by the team?

Who is affected by the decisions?

Who has an interest in participating?

Regular Class Teacher
Administrator
Related Service Staff
Student, if appropriate
Special Educator
Paraprofessional
Parent/Family
Peers

* Other staff as identified by the team (i.e. school nurse, school counselor, other teachers, etc.)

CHARACTERISTICS OF EFFECTIVE TEAMS

- Two or more members;
- Members with various roles;
- Members that engage in problem-solving and collaborative activities to reach goals;
- Shared commitment to the team's effort; and
- Active parent involvement.

CHARACTERISTICS OF TEAM MEMBERS

The success of the team relies heavily on the abilities of its members. The following characteristics are important for an effective team member:

- Accept and appreciate differences in others;
- Treat others as individuals;
- Are flexible;
- Are willing learners;
- Communicate in constructive ways;
- Are active, participating, and productive;
- Are willing to share work, responsibilities, accolades and failure; and
- Bring problem-solving, collaborative values and skills to the group.

SUGGESTIONS:

* Select a regularly scheduled team meeting time.

For Example:
The Third Tuesday of the month, 3:15 - 3:45
or
Every Wednesday morning, 7:45 - 8:15

* Develop a "code of conduct" or group norms for your team.

For Example:
Meetings will start and end on time
Stay on task
Other activities will not preempt team meetings
No interruptions
All team members are open and honest

* Use and follow a written agenda for the team meeting.

(Sample agenda form included, page 19)

* Create a physical environment which is conducive to collaboration.

For Example:
Create a circle for seating
Arrange for privacy
Provide coffee/donuts

* **Become creative problem solvers**. Use a problem-solving process to develop solutions unique and every day challenges. (See pages 23-25.)

* **Promote the use of "team roles".** Decide on some team "roles" that are necessary for your team to function more efficiently. Then make it a practice to use them EVERY time you meet as a team. ROTATE those roles to give everyone on the team a chance to practice different skills, participate in a different way, and to share the responsibilities. Some team roles to consider are:

FACILITATOR	Person who leads the group and keeps discussion going according to agenda.
TIMEKEEPER	Person who keeps track of the meeting time. He/She makes sure that the meeting starts/ends on time.
"BUT" WATCHER	Person who listens to others and tries to watch for any negative remarks.
RECORDER	Person who takes the minutes of the meeting and is responsible to get a copy to all team members.
EQUALIZER	Person who makes sure that everyone has an opportunity to participate.
JARGON BUSTER	Person to clarify any jargon/acronyms used in the meeting.
OBSERVER	Person who is impartial and gives feedback.
EMPTY CHAIR	For person who is absent from the meeting. It reminds other members to always keep in mind what that person's feelings/opinions might be even though they aren't there.
KEEPER OF THE RUDDER	Person keeps people on task or topic.
GREETER	Person makes sure that newcomers feel welcome and get introduced.

* **Develop a plan to accomplish team goals.**

- √ What action needs to be taken?
- √ Who are the persons responsible for each step?
- √ What are the timelines for each task?
- √ How will we know if the plan is successful?
- √ Who else needs to know about the plan?
- √ When will we get together to review the plan?

* * *

"One of the most difficult things today is finding time to be a team and using time efficiently. But it is critical to successful Inclusion."

* **Use time efficiently.** Most meetings do not have to be hours long. In fact, several well run 15-20 minute meetings can be more effective than one long continuous meeting. Develop an AGENDA for the meeting. This can be done at the beginning of the meeting to be sure everyone has input, or it may be done at the end of the meeting to set the agenda for the next meeting. Having the agenda will give the meeting focus and purpose. Decide on time limits for discussion of agenda items, then use your team "roles" to assist in managing your time.

REMEMBER TO START AND END YOUR MEETINGS ON TIME! *If you, as a team, decided on a 15 minute meeting, stick to it. If you need more time you will have to establish a new time. Team members will appreciate knowing a meeting will only last as long as promised and will be more willing to participate at the next meeting.*

Adapted from: R. Villa, J.S. Thousand, W. Stainback (Eds.), Restructuring for Caring Effective Education: An Administrative Guide to Creating Heterogeneous Schools, Baltimore, Paul H. Brookes, Publishing Co.

Team Meeting Agenda

Team Meeting for: ____

Start Time: _______ Finish Time: _________

Team Members Present:

______________________________ ________________________

______________________________ ________________________

______________________________ ________________________

______________________________ ________________________

______________________________ ________________________

______________________________ ________________________

Roles:	For This Meeting:	For Next Meeting:
Facilitator		
Recorder		
Timekeeper		

Agenda Items for this meeting: Time Limit

1.

2.

3.

4.

5.

Agenda Items for next meeting:

1.

2.

3.

4.

5.

Minutes:

Assigned Tasks:

Person(s) Responsible	Task	Completed by:

PARENTS AS PARTNERS

Parents, as advocates for their children, are consumers of the special education system. Their role is invaluable in providing the best services possible. Parents identify what they see as important for their child to learn and participate in the decision making process. Parents provide information that can only be given from a 24 hour perspective. Also, parents "follow through" and practice at home the skills being taught at school.

Families and educators must work together for the common goal of providing the best education for the student. Trust and respect are essential to the development of effective partnerships among parents and school personnel. To build a trusting and respectful relationship with families:

√ Accept families as they are;
√ Respect the contributions of the family;
√ Keep confidential the information they share;
√ Try to look at situations from the family's point of view;
√ Schedule meeting times and locations that are convenient for families; and
√ Share information and resources with families.

Families are all different. Individualize communication, respect preferences, and provide an array of options for participation from which families can choose.

Effective partnerships depend on frequent, open communication. It is essential that everyone involved with the student establish a means to share information. One-to-one contact between parents and staff can lead to the most effective results for children. Parents appreciate receiving information regularly about their child's activities and progress at school.

As you plan which strategies will help you develop a collaborative partnership, ask yourself the following questions?

* **What** practices does my school currently have to make school a welcome place for parents?

* **What** are some activities I do now to encourage positive parent involvement in school and planning teams?

* **What** activities can I do to strengthen the parent/professional partnership?

Develop your own method of welcoming parents into this partnership. Determine as a team the best method of exchanging information with families on a regular basis.

Communication Sharing Strategies

* **Progress Reports**
Progress Reports provide families with feedback about how their child id doing at school. Include information about goals and objectives on the Individual Education Plan. Send progress reports home once a day, once a week or more every few weeks.

* **A Daily Notebook or Log**
A daily log is a good method of communication for exchanging information and strengthening relationships. The log can inform parents of skills that are being taught in school and of upcoming school and classroom events.

* **Newsletters**
Newsletters are an enjoyable and creative way to provide information and support to families. Use newsletters to inform parents of new programs, special events, and activities at school.

* **Telephone Calls**
Telephone calls can be a convenient way to share information or to problem solve with families. Arrange for specific times to contact or be contacted by phone. Asking parents what time would be best for them to receive phone calls will avoid disrupting their schedule.

* **School/Classroom Visits**
Encourage parents to visit their son's or daughter's classroom. Welcome parents into the school as volunteers, observers, consultants and advisors.

* **Regularly Scheduled Team Meetings**
In addition to the regular parent/teacher conferences, set up specific, regular team meeting times. These may be as often as once per week or once a month. Use this time to share information and problem solve as a team.

* **Home Visits**
Home visits may be one option preferred by some families. Make home visits only if they are scheduled with the family ahead of time. When considering home visits, it is particularly important to recognize that some parents may not be comfortable with home visits.

CREATIVE PROBLEM-SOLVING

No one can solve your day to day challenges except YOUR OWN TEAM! Use a problem solving process to assist in finding solutions to some of the more unique challenges. By using a process, it forces team members to work through the entire problem and toward a more long lasting approach. There are many creative problem solving "processes".

SODAS is one problem solving "process" you might consider.

S

Situation (Define the problem.)

Do some fact finding at the point by thinking about the following:

* Who is or is not affected?
* What is or is not happening?
* When does or doesn't it occur?
* Where does or doesn't it occur?
* Why does or doesn't it occur?
* How does or doesn't it happen?

O

Options

This is the brainstorming part of the creative problem solving process. DO NOT JUDGE the ideas at this point. Try to generate as many ideas as possible, REGARDLESS how silly they might seem. Use phrases or questions to help generate ideas, such as:

* "In What Ways Might We...?"
* "What If There Were No Obstacles...?"
* "Who Else Might Have Ideas...?"
* "If I Had a Magic Wand I Would...?"

D

Disadvantages

Now, take a look at the options and select those that the team feels are possibilities. What might the DISADVANTAGES be if you implement the option? List them on one side of the paper.

A

Advantages

Using the same selected options as above take a look at the ADVANTAGES of implementing the option. List them along aside the disadvantages.

S

Solution

By looking at the disadvantages and advantages begin to form your solution to the situation. Several of the options might be combined into the solution.

SODAS

SITUATION (DEFINE THE PROBLEM)

____

____

OPTIONS:

1. ______________ 2.______________ 3. ______________

DISADVANTAGES:

a. ______________ a.______________ a.______________

b. ______________ b.______________ b.______________

c. ______________ c.______________ c.______________

d. ______________ d.______________ d.______________

ADVANTAGES:

a. ______________ a.______________ a.______________

b. ______________ b.______________ b.______________

c. ______________ c.______________ c.______________

d. ______________ d.______________ d.______________

SOLUTION:

[illegible] you agree to a solution, MAKE A PLAN. (Who will do What, When? How will you know if the plan is working?)

MAKE A PLAN!

Once the team has agreed upon a possible solution a plan must be developed. Questions to be answered in the plan are:

* **What** action is necessary?

* **Who** will be responsible for each step in the plan?

* **What** is the timeline?

* **How** will we know if the plan is successful?

* **Who** else needs to know about this plan?

REMEMBER! If the first solution does not work go back to the process. What were some of the other possible solutions? Would one of those work? Keep trying! **BE CREATIVE!**

MODIFYING THE CURRICULUM

All students are able to learn together with their typical peers when they are provided the appropriate supports and modifications to the curriculum. The starting point for curriculum modifications is the regular curriculum. Be careful not to assume that disability always means different. There are many times throughout the school day when students with disabilities can be doing the same thing as students without disabilities.

When adapting the curriculum for students with disabilities, goals and objectives should reflect chronologically age-appropriate skills and activities.

Follow this sequence beginning with #1 to plan regular class participation and adaptations.

...❶ **Can the student do the same activity at the same level as peers?**

IF NOT ...❷ **Can the student do the same activity but with adapted expectations?**

IF NOT ...❸ **Can the student do the same activity by with adapted expectations and materials?**

IF NOT ...❹ **Can the student do a similar activity but with adapted expectations?**

IF NOT ...❺ **Can the student do a similar activity but with adapted materials?**

IF NOT ...❻ **Can the student do a different, parallel activity?**

IF NOT ...❼ **Can the student do a different activity in a different section of the room?**

IF NOT ...❽ **Can the student do a functional activity in another part of the school?**

Reprinted with permission from Project Dakota Outreach Tailor Made Early Intervention Training and Consultation Services, A Division of Dakota Incorporated, 680 O'Neill Drive, Eagan, MN.

Adaptations and modifications to the curriculum should not be the responsibility of just one person. In many schools the classroom teacher, the special educator and the para-educator work together to plan the supports and modifications for specific lessons and assignments. Set aside a time to meet on a regular basis to problem solve and plan for particular students. Creative solutions to unique challenges result in meaningful participation and successful inclusion for students with disabilities.

* * *

CURRICULUM ADAPTATIONS

Change **THE TASK**
Develop a different task for the student.

Change **THE STANDARD**
Make the same task more or less challenging.

Provide **THE SUPPORT**
Use techniques, materials, and staff to help the student.

From Pat Mueller, Vermont Paraprofessional Project

* * *

As you make decisions involving curriculum modification and student supports ask the following questions.

☐ Does the student have all of the **necessary supports** (i.e., technology, medical)?

☐ Does the student have a way to **communicate all day long**?

☐ Are all modifications and materials **age-appropriate**?

☐ Are modifications made taking into consideration the concept of **comparable challenge**?

☐ Does the student have opportunities to **give as well as receive** support?

☐ Are all modifications made keeping in mind the **highest expectations**?

☐ Has the student been given all of the necessary instructional opportunities to gain **core skills** (reading, math, and writing)?

FROM SPECIAL TO REGULAR, FROM ORDINARY TO EXTRAORDINARY. Statewide Systems Change Project, Institute on Disability/University Affiliated Program, 1993, University of New Hampshire.

IDEAS FOR ADAPTATIONS AND ACCOMMODATIONS

USE OF A TAPE RECORDER

Many problems with materials are related to reading disabilities. The tape recorder is an excellent aid in overcoming this problem. Directions, stories, and specific lessons can be recorded on tape to improve understanding of directions or concepts. Also, to improve reading skills, the student may read the printed words silently as they are presented on tape.

CLARIFY OR SIMPLIFY WRITTEN DIRECTIONS

Some directions are written in paragraph form and contain many units of information. These can be overwhelming to some students. The teacher can help by underlining or highlighting the significant parts of the directions. Rewriting the directions is often a good idea.

For Example:

ORIGINAL DIRECTION: This exercise will show how well you can locate conjunctions. Read the sentence. Look for the conjunctions. When you locate a conjunction under each sentence, circle the number of your answer in the answer column.

REWRITTEN DIRECTION: Read each sentence and circle all conjunctions.

PRESENT SMALL AMOUNTS OF WORK

Tear pages from workbooks and materials to present small assignments to students who are anxious about the amount of work to be done. This technique prevents students from examining an entire workbook, text, or material, and becoming discouraged by the amount of work. Finally, the teacher may wish to reduce the amount of work by requesting the student to complete only odd-numbered problems or items with stars by them. Or the teacher could provide responses to several items and ask the student to complete the rest.

BLOCK OUT EXTRANEOUS STIMULI

If a student is easily distracted by visual stimuli on a full worksheet or page, the student can cover sections of the page not being worked on with various sizes of tagboard. Also, line markers can be used to aid hearing, and windows can be used to display individual math problems.

REPEAT DIRECTIONS

For students who have difficulty following oral directions, it is often helpful to ask them to repeat the directions. The student can repeat the directions to a peer when the teacher is unavailable.

Possibilities for repeating directions include:

- * **Give both written and oral directions**
- * **Give oral directions in simple language**
- * **Give only a few oral directions at a time**
- * **Define or explain new terms**
- * **Keep written directions at the reading level of the student**

CHANGE RESPONSE MODE

For students who have difficulty with fine-motor responses (such as handwriting), the response mode may be changed to underlining, selecting from multiple choice, sorting, or marking. Provide extra space for writing answers on worksheets, and allow responding on individual chalkboards for students with fine motor problems.

HIGHLIGHT ESSENTIAL INFORMATION

If a student can read a regular textbook but has difficulty finding the essential information, the teacher may use a highlight pen on this information.

LOCATE PLACE IN CONSUMABLE MATERIAL

For considerable materials in which students progress sequentially, such as workbooks, the students may diagonally cut the lower right hand corner of the pages as they are complete. With all the pages cut, the student can readily locate the next page that needs to be completed.

PROVIDE ADDITIONAL PRACTICE ACTIVITIES

Some materials do not provide enough practice activities for students with learning problems to acquire mastery on selected skills. Teachers must then supplement a material with practice activities. Recommended practice exercise included instructional games, peer teaching activities, self-correcting materials, computer software programs, and additional worksheets.

PROVIDE A GLOSSARY IN CONTENT AREAS

At the secondary level, the specific language of the content areas requires careful reading. Students might benefit from a glossary of content related terms.

CUT AND PASTE TEXTBOOK CONTENT

The teacher can cut the main ideas or specific content from the test or material and paste the information on separate sheets of paper. Advantages of this procedure include the following:

- The material can be arranged sequentially;
- Headings can be inserted to facilitate organization and retention of ideas;
- Small segment can be presented to allow for closure;
- Distract illustrations, colors, and nonessential information can be removed; and
- The material can be used without rewriting and can be photocopied for use with two or more students.

WRITTEN ASSIGNMENTS

- Substitute an oral report or other alternative assignment for written assignment
- Tape record reports or assignments
- Dictate assignments
- Shorten assignments
- Allow extra time to complete written assignments
- Write directions in a different color
- Use framed outlines for note taking
- Arrange for students to work as partners to develop stones for writing assignments
- Use of color coding for spelling
- Permit students to use pictures and diagrams as part of their written products

READING

- Use taped books
- Use material at student reading level
- Highlight text
- Substitute study guide or outline for text
- Shorten reading assignment
- Read text to student
- Allow extra reading time
- Omit more difficult reading assignments
- Pre-Teach vocabulary
- Use only legible, well-spaced photocopies
- Don't ask student to read aloud
- Use assisted or choral reading
- Pair students together for reading assignments

MATH

- Use graph paper
- Highlight key words in directions
- Use of consistent math terms
- Group problems of same process
- Box or circle each problem
- Copy problems for student

MATH, con't.

- Read story problems to student
- Use of a calculator
- Use of number line, counters or computation charts
- Use of multiplication tables
- Shorten assignments
- Use of manipulatives
- Provide additional practice
- Review key concepts frequently

STUDY SKILLS

- Reduce quantity of material to be memorized
- Use of mnemonic devices (i.e. FIRST LISTS)
- Use of flash cards
- Use of assignment notebook with checking system
- Develop a system for organizing papers
- Use peer proofing
- Break long term assignments into steps
- Allow a friend to use carbon paper to take notes
- Use of Triangular Review, Tiny Teach
- Set up study groups

TEST TAKING

- Provide study guide
- Test review with teacher, tutor, or other
- Read test to student
- Permit dictated responses on essay tests
- Permit outline answers on essay tests
- Flexible time limit for tests
- Use simple working and format for test questions
- Test smaller units of study at a time
- Add bonus questions to each test
- Allow open-book/open note tests
- Allow students to take to do a project versus exam to demonstrate knowledge

When adapting the curriculum for students with disabilities, the following should be considered:

- Goals and objectives should reflect chronologically age-appropriate skills and activities.;
- Goals and objectives should reflect activities which are functional for the student; and,
- Consider student learning styles, appropriate material and equipment adaptations.

VARY INSTRUCTIONAL METHODS

Every classroom is comprised of a diverse group of students with unique needs and learning styles. Varying your instructional methods can ensure that the individual learning needs of ALL students in your classroom will be met.

INSTRUCTIONAL STRATEGIES

COOPERATIVE LEARNING

A noncompetitive teaching strategy in which children are divided into small group for learning activities which have cooperative goals. Each student has a clearly defined role, and each role is equally valued. To complete the group's task successfully, all members of the group must contribute toward group goals. Students are challenged to achieve their own level of excellence while helping each other obtain group goals. Cooperative learning increases appreciation of various abilities and helps students develop appropriate social interactions.

COOPERATIVE TEACHING

Two or more teachers, who sometimes have different areas of expertise, cooperatively teaching a class or unit. The special education teacher and the classroom teacher may team together to instruct a class. When general and special educators co-teach they pool their knowledge and skills in meeting the needs of ALL students. Co-teaching requires a common planning time for the teachers involved. A teacher must be willing to share their classroom, materials and knowledge with another teacher.

ACCOMMODATING PERSONAL LEARNING STYLES

All students do not learn in the same way or at the same rate. Allowing students to learn and demonstrate what they know using the style and methods which help them capitalize on their strengths and places more focus on the individual. Some students learn best visually while some learn best auditorily. Some students prefer working in groups while some prefer to work alone. Knowing your students' learning styles will maximize learning opportunities for your class. According to Thomas Armstrong, author of **In Their Own Way: Discovering and Encouraging Your Child's Personal Learning Style**, *"Every kid can become a successful learner by recognizing and encouraging personal learning styles in the classroom."*

WHOLE LANGUAGE INSTRUCTION

Whole language or language-experience instruction allows each student to experience success at their own level while participating in activities together. Whole language focuses on the whole child and crosses over the entire curriculum. While some students are writing in their journals another may use the computer to "write" in his journal, while another may use pictures to "write" in his journal.

INTEGRATED THEMATIC UNITS

Thematic units provide many opportunities for creatively accommodating students with unique needs. This method crosses curricular areas in order to teach students practical relevance of what they are learning.

ACCEPTING VARIED LEARNING GOALS

"It's okay for students to be doing different things in the same environment."

Regular education classes can provide a wide variety of appropriate learning opportunities and challenges for students with a wide range of learning needs, interest, and capabilities. Students with diverse abilities can participate in meaningful ways in age-appropriate regular classes. For example, during a map reading activity, one student may be called upon to discuss the economic system of the country, another may be requested to identify a color, while another may simply be requested to grasp and hold a corner of the map. (Susan & William Stainback, **Teaching Exceptional Children, Fall, 1988**).

INDIVIDUAL INSTRUCTION

Some students learn best and prefer to work individually. In an inclusive classroom students may also receive individual instruction on skills and concepts that relate to their individual goals and objectives.

TECHNOLOGY

Advances in technology are enabling students with disabilities opportunities to learn and be participants in the school community. Technology in schools has been used successfully to create accommodations for a variety of learners. Taped books for students with learning disabilities or visual impairments, closed captioning for students who are deaf, and tape recordings of lessons for those students who have difficulty with reading comprehension or taking notes are all examples of technology. Computers with expanded keyboards, switches and other adaptations enable students with disabilities access to information, a way to complete class assignments, and opportunities to communicate with others. Computer software is available to teach a variety of skills and concepts. Technology has great potential to increase participation of students with disabilities in our schools and classrooms.

* * *

Many individuals think of inclusion as just something that happens within the school walls or within the classroom. In my opinion, that is only part of it. Inclusion also means having the child with a disability included in the family and the community.

A South Dakota Parent

PARA-EDUCATORS

The role of the para-educator is critical to the success of an inclusive program. The para-educators role is to facilitate the academic, behavioral, and social growth of students. Even when assigned to an individual student or group of students, the para-educator should be viewed as a "classroom assistant".

The para-educator is a **KEY** participant in the education of students with unique learning needs and a valuable member of the team. Their input to the team is invaluable because of their close contact with the students. Include para-educators as members of problem-solving teams and as participants during common planning times.

Para-Educators support teacher-directed, whole class instruction, monitor and support students during independent work, and provide follow-up instruction. Para-Educators create many adaptations, take data, keep anecdotal records, maintain good relationships and communication with parents, facilitate friendships and more! Because of the importance of the para-educator's role, appropriate orientation and training must be provided.

Ongoing communication between educators and para-educator is essential to insure positive experiences for everyone, particularly students.

To make the most of this resource, the para-educator and the classroom teacher should schedule time to meet and discuss some of the following items:

- Their philosophy of education.
- Classroom rules and discipline policy.
- Goals for the students in the classroom.
- The paraprofessional's role and responsibilities.
- A time to plan and collaborate with each other.
- A plan for ongoing means of communication about problems and questions.
- The classroom schedule/routine.
- The student(s) strengths and needs and how best to meet them.
- Any student information the para-educator needs to know. (health problems, behavior problems, medications of student)
- Responsibilities regarding any confidentiality.
- Is there any documentation on specific students needed? If so, what?
- Identification of any additional training needed.
- School wide policies that the paraprofessionals may need to know.
- Educational jargon with which the paraprofessional may need to be familiar.
- Other professionals (i.e., Occupation, Physical, and Speech Therapists) and their roles.
- Locations of supplies and machines.

Roles and Responsibilities of the Paraprofessional

- ▲ Follow classroom policies developed by the classroom teacher.
- ▲ Provide direct instruction and facilitate learning opportunities for individuals and groups of students.
- ▲ Assist classroom teacher with classroom responsibilities, including assignment correction, class coverage, classroom maintenance.
- ▲ Collaborate with full team, including parents and students.
- ▲ Maintain confidentiality and respect for student/family.

> *"More and more responsibility is being placed on paraprofessionals to deliver services to children in inclusionary, educational settings. They provide stability in the classroom and assistance to the regular educator."*
>
> *A South Dakota Educator.*

Adapted from: IDEAS FOR INCLUSION, The Classroom Teacher's Guide to Integrating Students With Severe Disabilities, Anne M. Beninghof.

FRIENDS AND RELATIONSHIPS

We only have to think about the friends that we have in our own lives to understand how important friends are. We go to movies, out to dinner, talk about sports, share secrets and much, much more with friends. Most of us can't imagine not having a friend.

In the past, students with disabilities and their peers have had few opportunities to get to know each other. Many of those students with disabilities weren't able to build meaningful relationships with other students. The result ….**NO FRIENDS**!

> *"Inclusive education has been a positive experience for my son. He has been included since Kindergarten and is now in the fourth grade. He is like by his classmates, learned how to be a student, and has made significant academic progress. He has friends. His teacher and para-educator have structured opportunities to promote the development of friendships and that has made all the difference."*
>
> A South Dakota Parent

When students with disabilities are educated in separate classrooms there are very few opportunities to develop friendships. In inclusive classrooms, where students learn side by side, they develop an appreciation of the similarities and differences in themselves and others. Students with and without disabilities offer each other support and encouragement in classrooms where ALL students are valued.

Sharing common spaces and experiences set the stage for real friendships to develop. Some of the friends that students with disabilities make in school will be their neighbors, community members and co-workers when they reach adulthood.

Children need three things to develop and maintain friendships:

- ○ **Close proximity;**
- ○ **Shared experiences; and**
- ○ **Equal opportunities**

Mary Falvey
Education Professor
California State - Los Angeles

As students with disabilities are included in regular classes and activities they have many more opportunities to learn together, get to know one another, and develop friendships. They may need parents, teachers and school personnel to help them make connections with other students. Teachers and parents can promote friendships for students with disabilities by presenting them to others in a positive and enhancing way.

INTERPRETATION
A CRITICAL ELEMENT

Is encouraging friendships among all students a goal in the class (not just focusing on the student with disabilities)?

Do the adults involved show that all children are equally valued and respected through every word uttered and every action taken?

Are all children spoken to in the same manner, tone of voice, etc.?

Are all children treated age-appropriately?

Do adults intentionally find ways to highlight each child's strengths for the rest of the class?

Do adults reflect that they, themselves, are totally comfortable with all the children (even in potentially "uncomfortable" situations, like behavioral challenges, feeding, toileting, etc.)?

Do adults promote a fun and friendly classroom atmosphere to help children feel at ease with each other? (Quick, D., 1991. Personal Communication)

Reprinted with permission from: Schaffner, C.Beth, & Buswell, Barbara E.,
Connecting Students: A Guide to Thoughtful Friendship for Education & Families.
PEAK Parent Center, 1990.

TECHNIQUES FOR SUPPORTING RELATIONSHIPS

Present students in the most positive light.

Watch children to identify budding relationships and then encourage them.

Model concern and interest in all students.

Structure activities in which students feel free to talk about their feelings and relationships.

Help build a support "Circle of Friends" for a child.

Marsha Forest and Evelyn Lusthaus describe the "Circle of Friends" as a "network that allows for the genuine involvement of children in a friendship, caring, and support role with their peers."

Offer Cooperative Learning groups for class activities.

Promote the inclusion of all students in extra-curricular clubs and high status activities in school.

Encourage students to interact in groups of three or four if they are uneasy.

Follow through on school relationships by assisting parents to invite the child's school friends over to their house.

Reprinted with permission from: Schaffner, C.Beth, and Buswell, Barbara E., *Opening Doors: Strategies for Including All Students in Regular Education.* PEAK Parent Center, 1990.

PEER BUDDIES

The use of several "peer buddies" to support a student with significant needs throughout the day is an effective way to transfer interaction from adults to peers. Peer Buddies enable students with disabilities the opportunity to learn what is expected of someone their age. In addition to developing new skills and learning new concepts, students with disabilities learn how to be a fourth grader or a teenager by interacting with other students.

Educators, parents, and other team members should look for ways to involve peers in supporting a student with disabilities in the activities of the classroom and school.

According to Lou Brown (1989) a student with disabilities could be supported by this peers in the following ways:

- **P**eer Tutor
- **E**ating companion
- **A**rt, home economics, industrial arts, music, P.E. companion
- **R**egular class companion
- **F**riend
- **E**xtracurricular companion
- **A**fter school project companion
- **A**fter school companion
- **T**ravel companion
- **N**eighbor

What children want is to be included, be accepted, to be able to fit in, and BE IN THE CLASSROOM WITH THEIR PEERS!!

A South Dakota Parent

CIRCLE OF FRIENDS

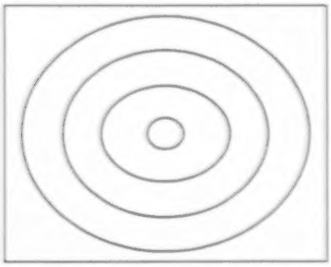
Consider using the "Circle of Friends" activity if a student is having difficulty "connecting" with his peers and a more individualized strategy seems necessary. Circle of Friends, developed by Marsha Forest and Judith Snow, helps children understand that friendships are important for everyone. This activity can assist children in understanding the social needs of children being included in the classroom for the first time.

The Circle of Friends Activity is carried out as follows:

Teacher: (To a group or class of students)

All of you are pretty good at making friends. Some of you like to have one or two close friends and others of you like to have many more. The purpose of this activity is to help us think about these friendships and other relationships and how important they are in our lives. After we reflect on our own "circles of friends", I am going to ask you to think about a student whose circle may look quite different from yours and enlist your help in figuring out how we could help him become more connected. (The teacher has the students complete the following exercise--stopping after each step to discuss what students have learned about their circles. The teacher prompts discussion by sharing information from his or her own circle first--then asks others to volunteer information from their circles.)

Step #1: Draw four circles on your paper (see example).



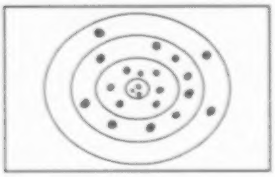
Step #2: Beginning with the inner circle, write in the people who are the very closest to you.

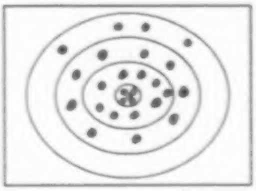
Step #3: In the next circle, put in those people who you are close to - but you didn't put them in the inner circle.

Step #4: In the third circle, put groups of people that you enjoy spending time with (track team, choir, scouts, etc.).

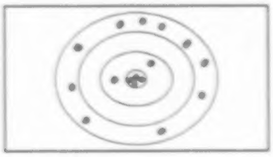
Step #5: In the fourth circle, put people who you like and have learned to count on--but they get paid to be in your life (coach, doctor, teacher, dentist, dance teacher, etc.).

Step #6: Here is what many of your "circles" look like:





Step #7: But, this might be the circle of one of your classmates. What do you think about this circle?



Step #8: What can we do to help a student develop a circle that has many more friends in it?

* * *

When you've completed this activity discuss how the group can implement their ideas.

Periodically - revisit how "connections" and "friendships" are going for the student.

INTEGRATED RELATED SERVICES

According to the Individuals with Disabilities Education Act, IDEA, related services are those services other than special educational services that "are required to assist a child with disabilities to benefit from special education..."

RELATED SERVICE CONSULTATION IN REGULAR CLASSES

Integrating related service provisions (speech, physical therapy, occupational therapy, etc.) during and in regular class can be a more functional and therefore beneficial means of meeting a child's needs for related service while maximizing the child's participation in regular education. Children who have difficulty generalizing skills to new places or materials, may benefit from integrated related services.

The services listed in the regulations include transportation, speech pathology, audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services and medical services for diagnostic and evaluation purposes. School health services, social work services, and parent counseling and training are also included.

An integrated therapy approach means that traditional therapy objectives are taught across the school day in real-life situations. Therapists, as team members, identify what needed and appropriate skills the student can learn in the educational environment, as well as the necessary accommodations required. They then work with other staff to implement necessary interventions. Teachers can reinforce the objectives as part of the typical day's activities. This results in "therapy" objectives being worked on every day, throughout the day, rather than one or two scheduled times a week. The therapist's time can be used to do direct therapy, monitor children's programs, train others and consult with families or staff.

The four basic assumptions of an integrated therapy approach include (adapted from Sternat, Messina, Nietupski, Lyon, & Brown, 1977):

1. **Assessment of motor, sensory and communication abilities is best conducted in natural environments.**
2. **Students are taught clusters of motor, sensory and communication skills through age-appropriate functional and meaningful activities.**
3. **"Therapy" occurs throughout the day in all situations and settings in which the student functions.**
4. **Basic skills (motor, sensory, communication) are taught and verified in the situations and settings in which they occur.**

Using an integrated therapy approach, effective therapy is defined in terms of creating avenues for children to have access to and be able to participate in typical activities.

Adapted from: Integrating Related Service into Programs for Students with Severe and Multiple Handicaps. The Kentucky Systems Change Project, 1990.

PEER TUTORS

One of the best ways to learn a subject or skill is to teach it to someone else. Peer tutoring systems are based on that principle. Peer tutoring is having a student who has grasped the material being taught instruct another child who has not mastered it. Peer tutoring can be initiated by the teacher in his/her classroom.

Cross-Age tutoring programs use older tutors who know the subject matter to tutor younger students who do not. The use of cross-age tutoring does not change the teacher's responsibility for designing an effective instructional program for each child. Cross-Age tutoring becomes another means to reinforce material for children.

Peer tutor programs require planning and some tutor training. It is essential that tutors be prepared for what it is they are expected to do. Discuss how to present material, how to support correct answers and respond to errors, and the nature of expected personal behavior.

THINGS TO CONSIDER IN PLANNING A TUTOR PROGRAM

- where and when the tutoring will take place;
- which students will be involved and how they will be selected and trained;
- what material will be used for the tutoring and how it will be prepared; and
- who will supervise and evaluate the work of the tutors.

THINGS TO CONSIDER FOR PEER TUTOR TRAINING

- information about the program;
- tutor's responsibilities;
- lesson structure and teaching procedures;
- measurement and record-keeping procedures; and
- personal behavior.

MAPS: MCGILL ACTION PLANNING SYSTEM

MAPS was originally designed by Marsha Forest and Evelyn Lusthaus to help welcome children with disabilities back into regular schools and classrooms.

A collaborative action planning process, MAPS brings together the key people in a child's life. This team creates a plan of action to be implemented in the child's education program.

This planning process involves family members, classmates, teachers, other school personnel, and the student in a discussion of that student's involvement in regular school and community environments. Planning emphasizes a child's strengths, talents and abilities rather than "disabilities".

MAPS is facilitated by two people. One person facilitates the MAP and the other person records information shared by the group.

MAPS is comprised of seven questions which assists the group through a discussion of who the person is, what their strengths and needs may be and what an ideal day might look like for that student.

MAPS: Seven Key Questions

1. **What is the Story/History of the person, family?**
2. **What is your dream for your child?**
3. **What is your nightmare?**
4. **Who is the child?**
5. **What are the child's strengths, gifts, and talents?**
6. **What are the child's needs?**
7. **What would the child's ideal day at school look like and what must be done to make it happen?**

Through this process, the plan will assist in bringing the person closer into the daily life of the school or community. The results can be used in the development of an Individual Education Plan.

Adapted from: The Inclusion Papers, Published by: Inclusion Press, Toronto, Ontario, Canada, 1993.

TRANSITION PLANNING TO THE NEXT GRADE LEVEL

Extra planning and support is necessary for most students to make a successful transition to the next grade level. Often times the receiving teacher has to depend on informal contact with the sending teacher, casual observations, and documentation in order to gain information about his/her new students. A more formal approach is necessary for students who need adaptations in goals, methods, or approaches in order to ensure their success. Planning for a successful transition of a student is basically a process of sharing information effectively and efficiently.

The student's planning TEAM will want to include the receiving classroom teacher in the transition planning. You may also want to include the student and friends/classmates if appropriate.

It is important to start early enough so that all team members have enough time to convey the information which is necessary. The receiving teacher can spend time observing the student in his or her current classroom. The student could visit the receiving teacher's class.

Investing time in the transition process will ensure that the educational gains made over the school year are maintained and built upon in the following year.

THINGS TO CONSIDER:

Learning Characteristics

- ○ What is the student's learning style? (Learns best from auditory input? Visual?)
- ○ What is the student's learning rate?

Instructional Approaches/Styles of Interaction

- ○ What types of instructional approaches seem most successful?
- ○ Are there particular styles of interaction which are best suited to the student?

Physical Environment

- ○ Does the student need physical support in seating?
- ○ Does the room arrangement need to be modified to accommodate any equipment the student may use?

Interests and Motivations

- ○ What gets the student excited?
- ○ What are the student's hobbies?

Communication

- ○ How does the student communicate?
- ○ Is the student able to express needs?

Friendships/Social Skills

- ○ Will any of the student's friends be moving on with the student?
- ○ Does the student make friends easily?
- ○ How does the student interact socially?

Parent-Professional Partnership

- ○ How much involvement does the parent/care giver prefer to have?
- ○ What form does parent/school communication take and what is the frequency? (E.G. daily notebook, weekly phone calls?)

Achievement in Different Curricular Areas

- ○ Reading
- ○ Writing
- ○ Math
- ○ Content Areas
- ○ Special Area Classes

Functional Routines

- ○ Self-Help skills
- ○ School jobs
- ○ Free-Time skills
- ○ Community Skills

Other School Routines

- ○ Concerns about the bus or walking/wheeling to school
- ○ Breakfast program
- ○ Lunch
- ○ Extracurricular activities/participation
- ○ Recess
- ○ Transitions between activities

Health/Safety Concerns

- ○ Medications
- ○ Allergies
- ○ Seizures

Equipment/Adaptations

- ○ Does the student use any material aids or adaptations (e.g., picture schedule, pencil grip, calculator, picture shopping list)?
- ○ Are testing modifications needed?

Reprinted with permission from: L Dauern, M. Ceaynor, M. Murphy, L. O'Brien, M. Polly, T. Rogers, C. Weber and S. Winschel, Transition Planning for Students in the Elementary Grades, The Inclusive Education Project, Syracuse University, Syracuse, NY, 1990.

◆

People need to realize that education is not the most important thing in a child's life, family is and "inclusion" includes family.
A South Dakota Parent

INCLUDING CHILDREN WHO ARE DEAF-BLIND

Most of us learn by using the five senses: hearing, vision, smell, taste, and touch. Hearing and vision are the two senses by which people take in the most information. Therefore, the child with hearing and vision impairments (deaf-blindness) is restricted in the amount of information they can receive.

The term "deaf-blind" doesn't necessarily mean **total** lack of hearing and vision. By federal definition individuals are deaf-blind or dual sensory impaired if they have **"auditory and visual impairments, the combination of which creates such severe communication and other developmental and learning needs that they cannot be appropriately educated without special education and related services, beyond those that would be provided solely for children with hearing impairments, visual impairments, or severe disabilities, to address their education needs due to these concurrent disabilities".** In plain language this means that a person who is deaf-blind has a combination of impairments of both hearing and vision that interferes with the ability of the person to function **effectively** in the "hearing-sighted" world. They may have enough hearing to understand speech, especially when using a hearing aid, and may have some usable vision with or without corrective lenses.

When sight and sound are lost or severely impaired, the world literally shrinks--it is only as large as one can reach with one's fingertips. Concepts and information must often be supplied by other people on a one-to-one basis or by using secondary senses of touch, smell or kinesthetic awareness. This can be frustrating, isolating and lonely. Sensory disabilities impact how a learner receives and takes in information. If we think of deaf-blindness as an information gathering disability, it helps us to remember that adaptations must be made and instructional techniques must be used which ensure that the student who is deaf-blind receives the same amount of information about the activity, lesson or topic as students who are taking in the information with intact vision and hearing.

Children with deaf-blindness need to have direct contact with the world in order to interact with it. They have to explore the various parts of an object to create the idea of a "whole". They must "check things out" over and over again in many different settings and situations to develop a mental image of the object.

WELCOMING STUDENTS WITH DEAF-BLINDNESS

PLAN AHEAD!

√ Check current assessment data on the student's hearing and vision.
  What does the student actually see and hear?
√ Know what information is critical when planning an activity.
  What senses are involved in this activity?
√ How will the student receive the information?
  If I close my eyes what do I need help with?
√ What are they expected to do during the activity?
  What does the activity look like, sound like, feel like-make a T-Chart.

COMMUNICATE!

☛ Know what mode of communication the student uses.
☛ Always let the student know what is coming next.
☛ Use cues to alert the student that you want to communicate.
☛ Talk with the student, NOT the interpreter.

BE CREATIVE!

✎ Look for multiple methods to present a concept.
✎ Try to involve all of the senses of the activity.
✎ Ask the other students for ideas.
✎ Look for alternative means for the student to be involved.

TIME!

⧗ Allow extra time for the student to respond to questions, greetings, etc..
⧗ Don't rush the activity-allow the student time enough to explore and receive as much information as possible during the activity.

RELAX!

☺ Think of the student as a student first, then consider the disability!
☺ Ask the student what they need in order to participate in the activity.
☺ Remember participating in the activity and feeling as though they BELONG is as important to the student as any content you might present!

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"We are for difference:

for respecting difference;

for allowing difference,

for encouraging difference,

until difference no longer makes a difference."

Johnetta B. Cole
1990, President of Spellman College

> "Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society."
>
> IDEA Reauthorization, Draft, 1995

Opening the Door for All Children

South Dakota Statewide Systems Change

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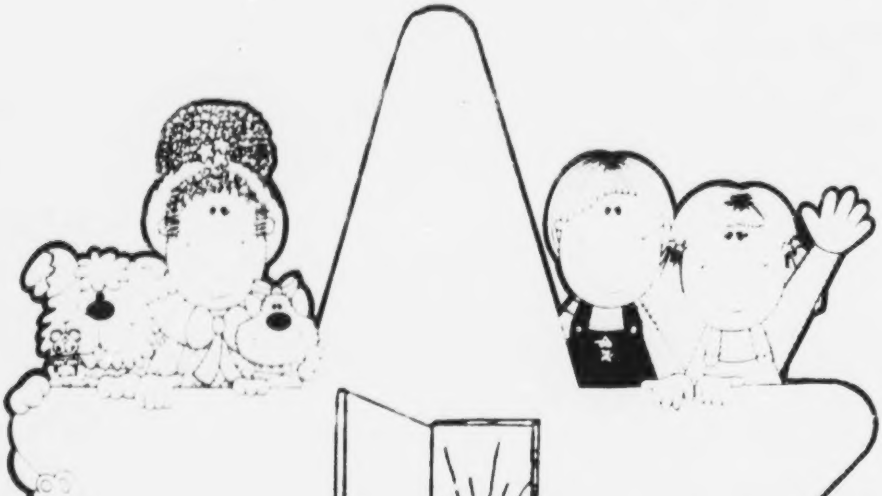
WELCOMING ALL CHILDREN

A Closer Look at Inclusive Child Care



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Developed by:

Cheryl Duffy
Carol Heltzel
Brenda Smith

Parent Support Consultants

South Dakota Statewide Systems Change
121 West Dakota Avenue
Pierre, South Dakota 57501
(605) 224-9554

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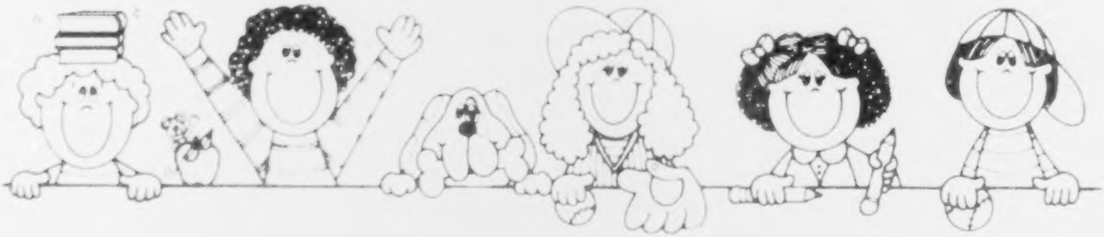

Prologue

Traci Bouman is a child care provider in Philip, South Dakota. She has served several children with special needs in her family home child care program.

I have been in the child care business for four years now. I have had children with "special needs" from the start. I am very busy with this job and have had no trouble staying full! Many times I have had to turn people away. I feel this is the most frustrating part of my job. I know it can be difficult for parents to find quality child care. Now, imagine how much greater trouble it is to find child care for children with special needs! Most of my "kids" do not have special needs, but they seem to integrate extremely well. They regularly seek out these special needs children to initiate games and conversation. I have seen a great deal of social improvement with both the special needs children and the other children.

I think children are children, and they are very honest and open with their feelings, thoughts, and emotions. The children with special needs have become more social, more open: knowing they are accepted by the other children. The other children in turn, are learning that the world is not a perfect place with all perfect people, but that we can all learn to live together, work together, and play together. I feel this is an excellent way to teach children about not discriminating and we could learn a lot from them!

In turn, this has also been great for me. I confess, I also have stereotypes of what people with disabilities should be like. This has helped me to realize in a greater way that we are all here together, and if we can learn to accept one another for what we are, the world has to become a better place. This learning process is much easier at a younger age.

In closing, if we can help children and adults learn to be less discriminatory, then child care is a natural place to start. I would do it again in a second! If you are considering having your child enrolled in a day care where special needs children are integrated -- do it!. Your children will benefit, the special needs children will benefit, and you also, will benefit. If you currently have a child care business and are considering enrolling special needs children -- I really recommend a trial basis! Don't be afraid to try. You might find it's not any harder and there are many rewards.

Traci Bouman, Philip, SD

Purpose

The purpose of this booklet is to introduce the concept of providing Child Care services for children with disabilities along side the children with whom you are already working.

Parents of children with disabilities look for the same characteristics in child care that all parents want for their child:

- A home-like environment that is safe;
- Care givers who are warm, nurturing, and caring;
- An environment that stimulates development through play and meaningful activities;
- An environment that promotes the development of communication, problem-solving and inter-relationship skills; and
- A care giver who appreciates the unique characteristics of their child and encourages healthy growth and development on an individualized basis.

Parents look for child care so they can work, spend time with family members, rest, participate in recreational activities, or so their child can play with other children. While these reasons are common to many families, securing care for a child with a disability can a be very different experience.

Some reasons providers cite for their reluctance to provide care for children with disabilities are lack of necessary knowledge and expertise and lack of resources to hire additional help or make necessary adaptations to the physical setting.

We are aware you are a professional already providing child care services, therefore, we do not address the basic issues of safety, cleanliness, etc. in this document.

This document focuses on specific topics, strategies, and interventions that will increase your skills as a provider to care for all children.

WHAT IS INCLUSIVE CHILD CARE?

An inclusive child care program is one that addresses the needs and interests of each child (including those with disabilities) and has the same characteristics as any good child care program. Inclusive child care provides and includes experiences that are appropriate for children with and without disabilities -- playing and learning together with typical days' experiences and routines.

Inclusive child care programs include children with and without disabilities. Among all these children, however, there will be a wide variety of needs, strengths, talents, and interests.

How do inclusive child care programs differ from specialized programs for children with disabilities? Inclusive child care programs provide a natural learning environment and typical day-to-day experiences for children. Specialized programs (such as special education preschools or therapy services) provide treatment or training for children's specific developmental, physical, or medical disabilities.

How many children with disabilities does a program have to have before it is considered "inclusive"? There is no "magic" number. What is important is how and how well each child is included. The number of children with disabilities in a program should reflect a balance between the program's resources and the needs of each individual child. Child care providers should match what their program has to offer with what each child and family needs and wants.

What are some of the benefits for children in an inclusive program? Child care settings provide a playful and natural environment for children to grow and develop. Children with disabilities benefit from these every-day-little-kid experiences. Children in inclusive environments have an opportunity to become aware of differences and similarities between themselves and their peers.

Quality Characteristics

If you can answer yes to the items on the following checklist, you probably have what it takes to provide quality care for all children.

- Has a strong sense of responsibility and views child care as an important profession
- Is warm, affectionate, patient and understanding with children and their parents
- Has a sense of humor
- Is flexible and can change care giving techniques to suit the need of each child
- Enjoys participating in activities with children
- Is able to deal with the business aspects of child care
- Communicates and cooperates with parents
- Understands the changing and diverse needs of children as they grow and develop
- Seeks continuing training and education to build skills and understanding of the care needs of all children

Providing an inclusive child care program has many rewards. Working with parents and families as full team members in nurturing children and addressing unique issues increases the opportunities for you to make a contribution to a family's life.

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Professionals in Child Care

Caring for children is important work and a great responsibility. Child care providers touch the lives of hundreds of thousands of families and children: You play an important role in your communities.

As a child care provider you model acceptance, belonging, equality, impartiality, patience, kindness, versatility, and caring. You as a child care provider are already doing what is necessary to provide quality care for children with disabilities and may not even know it.

- You already make small and subtle modifications to accommodate the needs of individual children.

Examples:
Giving a special blanket to make nap time easier.
Providing 100 piece puzzles for some children and 20 piece puzzles for others.
Offering different size spoon or bowl for feeding.
Offering a hand to a particular child to make crossing the street safer.

Most children will not require major changes to your usual routine of service delivery.

It is evident that child care providers are very special; their capacity for caring and compassion are overwhelming.

Professionals in the field of child care must approach their responsibilities in a conscientious manner. Maintaining confidentiality is important to you as a professional and a trusted part of a child's life. The practice of assuring confidentiality for all children in your care applies equally to children with disabilities. Discussing children with someone other than the child's parents, breaks confidentiality. You must be careful to protect the privacy of all families.

Conscientious providers understand that releasing information to other professionals when there is reasonable concern that a child may be neglected or abused applies equally for children with disabilities. If you need information about these important reporting requirements, contact the Office of Child Care Services at 1-800-227-3020 or your local Department of Social Services, Division of Child Protection. Remember that these rules apply to **all** children, including children with unique care needs.

It's the Child First, Then the Disability

The language a professional uses to describe children sends a powerful message. What is the proper way to describe a child who has a disability? Consider how you would introduce/describe a child who doesn't have a disability. You would give:

- his/her name
- where he/she lives
- what he/she likes and doesn't like; soccer, swimming, ice cream, etc.

Why say it differently for a child with disabilities? Every child is made up of many characteristics and no one wants to be identified only by one of the their abilities or by their limitations.

In speaking or writing, remember that children with disabilities are like everyone else--except they happen to have a disability. The language we use to describe children with disabilities has the power to shape ideas and does have an effect on societal attitudes. Using the appropriate language in all aspects of your work will help to create a mind-set of inclusion of children with disabilities in to all aspects of our society.

Here are a few tips for improving your language related to disabilities.

1) Refer to a child's disability only if it is relevant.

2) Use the term "disability" rather than "handicap" to refer to a child's disability.

3) Identify "a child with mental retardation" rather than "a mentally retarded child".

4) Use the terms "children without disabilities" or "typical" life comparisons instead of "normal".

5) Describe a child "using a wheelchair" instead of "confined" or "wheelchair bound". Mobility or adaptive equipment affords a child freedom and access.

6) Choice and independence are important: Let the child do or speak for him/herself as much as possible.

7) Emphasize abilities, not limitations.

All Children are Children First

Children with disabilities are children first. A child's growth and development may be delayed in certain areas, but the most important outcomes for children with special needs are the same as they are for children with typical patterns of development. Being aware of ALL children's abilities creates a positive atmosphere for child care.

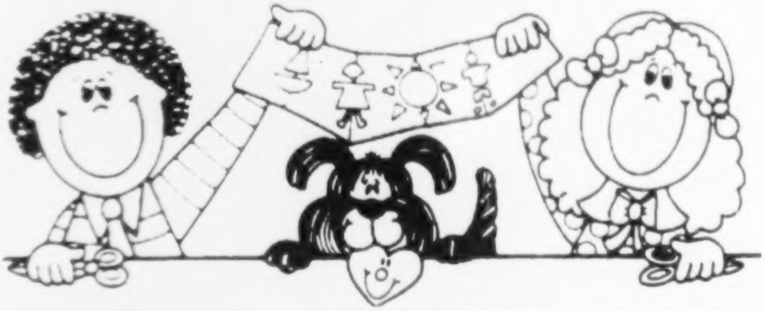
All children need:

- to develop feelings of self-worth and self-trust
- to become as independent as possible
- to develop trust in others
- to develop to the fullest of their abilities

Children are marvelously complex people who experience the world differently at different points in their development.

As children with and without disabilities interact as playmates, classmates, and friends, opportunities arise to break down barriers and help people to understand each other better. Inclusion of all children can help us to create a society that accepts and values persons with and without disabilities as contributing members of society and of all community life.

All children want to be included. Children need to hear, ***"Welcome, come and have fun with us!"***

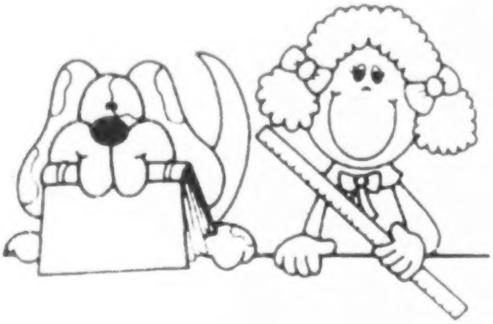


A Parent's Perspective

> *For my son, it seemed that once someone hung a label on him it became everyone's task to fix him or cure his disability. I never have understood where anyone got the idea he was broken. His medical condition cannot be cured, it can be managed. His developmental disability is just a part of his uniqueness.*
>
> *We need to get away from the idea that children with disabilities are broken and move on to accepting individuals the same way we would want to be accepted.*
>
> *My son and all children with and without disabilities are OK! just the way they are!*

Parents of children with disabilities are parents first. They experience the same joys and turmoil of everyday life as other parents. They share common concerns and interests and want to be involved in the experience of child care in many of the same ways that other parents might. They know what it is like to raise and care for THEIR child with disabilities.

When a child enrolls in your program, child care providers need to know about her "every-day-little-kid" needs as well as needs related to her disability. Parents have valuable information about their child's needs, and providers can benefit from this information by letting parents know their participation is welcome -- in whatever way they want to be involved. They can answer questions about their child's care needs, share helpful hints, and explain the care giving routines that occur at home.



Teamwork to Meet Children' and Families' Needs

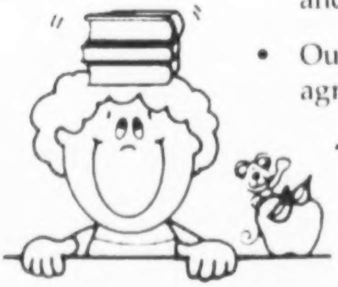
Children with disabilities should have an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) which can give you important information about them. This can be made available to child care providers simply by requesting a copy from the parents and discussing with parents how the document will increase your ability to meet their child's unique needs.

The IFSP, for children from birth to three years old, tells of the child's current needs and services. The IFSP describes the child's developmental skills and abilities, the early intervention services currently in place, outcomes and objectives for the child and family, and the family's resources and concerns.

The IEP is the public school's plan for educational services for the child -- usually starting at age three. The IEP addresses the child's competencies as well, and lists educational goals; it usually does not contain information about family resources and concerns.

You can expect to find the following information in the IFSP/IEP document:

- Current Developmental Information
  Child's current level of development, abilities,
  and emerging skills
- Outcomes/Goals--major activities that the team members agree on. For example:
  Objectives--specific, measurable ways to target skills for the child to learn. For example: Objectives describe what, how, when the child will do the activity and must be written in a way that lets team members see if progress has been made.



The IEP/IFSP are developed with the family by a team of educational and related services personnel. Team members always include parents, and may include other family members, special education teachers, speech and physical therapists, audiologists, physicians, social workers, public health nurses, and of course, the child care or preschool provider. Each team member provides valuable experiences for the child.

The IFSP/IEP is a tool that can help you to adapt your routines and activities and help a child become a successful part of your group.

Observing the child, noticing developmental changes, and giving feedback to other team members will be helpful in planning. You see the child in relation to their peers, the kinds of things they are interested in doing and how they respond in new situations. This information is very helpful in developing new outcomes and objectives.

Some suggestions for participating as a team member:

- Review current literature/materials about the child's disabilities.
- Ask child care providers who care for children with disabilities for ideas and feedback (remember confidentiality).
- Confer with parent(s) on a regular basis.
- Ask the family for a copy of the IFSP or IEP.

WITH WRITTEN PERMISSION OF CHILD'S PARENT OR GUARDIAN ONLY:

- Encourage therapists to schedule therapy and/or training during child care activities.
- Observe the child in other settings (i.e., therapy, home, preschool, evaluation).
- Contact the individuals providing services (especially the service coordinator) to ask questions and convey your interest in receiving current information.
- Ask about receiving training and information about strategies to enhance the child's development during child care activities and routines.
- Arrange with parent(s) (or service coordinator) to be included in planning and reviewing the developmental plan (IFSP, IEP).

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How the ADA Applies to Child Care Settings

The Americans with Disabilities Act (ADA) applies to child care providers. Here are answers to some of the most frequently asked questions about how this federal law might apply to you:

Q. What is the Americans with Disabilities Act (ADA)?

A. The ADA is civil rights legislation designed to protect people with mental or physical disabilities from discrimination based upon disability.

Q. What does the ADA mean for a child care center or a family child care home?

A. The ADA affords children with mental or physical disabilities the opportunities of community life. Part of community life is the opportunity to benefit from being in a child care setting. Children can no longer be excluded from a child care setting on the basis of disability.

Q. Are there benefits to including children with disabilities in a child care center or family day home?

A. Yes. All children benefit when children with and without disabilities are served in the same child care centers. Children with disabilities learn important personal and social skills that they might not otherwise learn in segregated settings (Biklen, Corrigan & Quick, 1989).

Children who do not have disabilities benefit by demonstrating improved self-concept, growth in social cognition, increased tolerance of others and decreased fear of human differences (Peck, Donaldson & Pezzoli, 1990).

Q. Can any of the costs incurred by complying with the ADA be passed on to the families of children with disabilities?

A. No. However, such costs can be passed on to all participants like any other overhead cost. Centers may be eligible for a tax deduction or tax credit.

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Q. Can child care providers charge more for tuition for children with disabilities?

A. Under the ADA, child care providers cannot charge the family of a child with disabilities for the total costs of having to comply with the ADA. Costs must be spread out to all the families enrolled, or taken as a tax credit or tax deduction. However, there are some exceptions. It appears that families may be charged for measures which exceed compliance with the ADA, or when a child care provider would not be required to make an accommodation or remove an architectural barrier because it would pose a financial or administrative hardship.

Q. What kinds of accommodations would a child care center be required to make under the ADA?

A. Of course architectural modifications are the kinds of accommodations that most people think of. But there are many less expensive accommodations that also meet the needs of children with disabilities. It may mean adapting snack preparation and schedules to meet the dietary requirements of a child with diabetes, or providing games, puzzles and toys that reflect a wide range of abilities and development. It may mean using more visual information during activities that include children with hearing impairments.

Strategies for Providers

Communication

As a child care provider, you spend many hours each day playing with and caring for young children. With a little planning, you can turn those play times and care giving routines into learning opportunities to promote communication skills.

Every child communicates. Eye signals, brief gestures, and multi-word sentences are all important signals of the child's needs and interests. By taking advantage of the opportunities that exist in child care settings to encourage children to develop and practice communication skills, you can turn your typical routines into teaching routines for all of the children in your program.

The following are a variety of strategies which can be used to help develop communication skills. None will require a drastic change in your routine.

1. **Mirroring**...If you can imagine looking in a mirror, you have the basic idea behind mirroring as a way to facilitate a child's communication skills. You simply mirror or imitate the child's behavior (facial expressions, gestures, or body postures).

   The action you imitate should be initiated by the child. For example, when holding a young child you might have several opportunities to mirror the child's utterances. If the child makes a sound such as "mmmm" or "mamamama", repeat or mirror the sound. Actions and gestures (clapping, playing with a toy car) initiated by the child should also be mirrored.

   This strategy is an especially important tool to use with children who are not yet using words. It gives a sense of importance to a child's action or gesture and allows a child who is non-verbal to take an active part in an interaction.

2. **Parallel talk**...To use parallel talk, sit next to the child and provide a running commentary describing the child's actions. Use short simple phrases and use words to describe what the child is seeing, feeling and doing.

For example, if a child is trying unsuccessfully to retrieve a toy, you can use words such as "stuck", "uh-oh", or " help, please" to express the frustration or desire for help that the child obviously feels. After you have given the child appropriate words to express the situation, offer assistance as you normally would.

Parallel talk is useful because it attends to what the child is interested in, stresses familiar words, and introduces new words. It is also helpful when a child is frustrated but unable to verbalize the feeling. By watching for cues from the child's body as well as those from the situation, you can interpret what the problem might be and supply the child with the verbal information he needs to describe the problem.

3. **Self-talk**...Self talk is similar to parallel talk but mean describing what **you** are doing, thinking and feeling.

For example...If you are preparing an art project, you might say "time to paint", "here's the paper", "I like art", etc.

The descriptions should be appropriate to the child's level of interest and understanding. One or two word descriptions are probably best for a child who is non-verbal. If the child is using one word phrases, two to three word self talk phrases are appropriate.

With self talk, as with parallel talk, you give the child new words and combinations of words that may be imitated in time. Try to make your monologue or commentary as natural and interesting as possible. This attracts the child's attention to what you are doing.

4. **Reflecting**...Reflecting is listening to what the child has said and repeating it back to them, using correct words and grammar. It does not mean correcting so be careful not to use a disapproving tone of voice, or corrective phrases such as "not like that".

Example...	child "widdle goggie" adult "little doggie"

This is a wonderful strategy for promoting communication skills in children who are verbal. Your encouraging tone will motivate the child to continue trying. The child will gradually learn to correct themselves just from hearing your model.

5. **Expansion**...to use expansion, listen to the child and then repeat what they have said in a more mature form.

   Example... child "water"
   adult "more water"

   child "eat"
   adult "would you like to eat?"

   You reply in a slightly more elaborate way usually giving more information.

   This is most appropriate for children who already use words or signs to communicate. Depending on their communication level, add a word, a few words or an entire phrase.

   Don't expect the child to imitate your response immediately. Even if the child doesn't repeat the words you model, you provide new information about putting sentences together to communicate.

6. **Turn Taking**...An important part of communication is dialogue with others, each person taking a turn in the conversation.

   Turn taking can be used to establish a conversation pattern that includes listening and paying attention as well as responding. You can combine this strategy with mirroring, expansion or reflecting.

   After you take your turn, pause and give the child a chance to respond. Be sure to allow enough time, some children will take longer than others.

   This is not a good strategy to use when you are in a hurry. It is most effective when you have time to play with the child or are involved in a task together such as diapering or hand washing.

7. **Creating Opportunities**...In this strategy you move from encouraging the child to communicate to challenging the child. You literally create a situation that requires the child to communicate.

   You might place a colorful new toy just out of reach of the child. In order to play with the toy the child will need to use gestures or words to communicate their desire to you.

   Suppose you offer the children juice and hand them the empty cup but forget to pour the juice or you give them a bowl of soup but no spoon. A child might say "I need a spoon" or another may look up at you in surprise. Either way, an important communication opportunity exists that would not if glasses are always provided with juice or soup with spoons.

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Small Groups

Children with vision problems are sometimes called visually impaired or blind. When planning activates that include a child with a visual impairment, be sure to consider whether the child has partial vision or no vision. Once you have that information (usually from parent or other professional) you will have a better idea of the adaptions to make in your small group activities.

Considerations for small group success for the child who has a visual impairment:

- Arrange your environment so that lighting and seating help the child to see as much as possible
- Change the environment only gradually. Give the child time to adjust to the changes before making others.
- Call a child by name when you need her attention.
- Give clear, specific directions.
- Translate gestures into words.
- Describe and label demonstrations, objects, & actions of the other children.
- Use visual images that are simple, uncluttered, & bold.
- Begin activities with few materials. Introduce additional materials gradually.
- Encourage all children to try new sensory experiences.

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The child with a hearing impairment may be completely without hearing or may use adaptive devices (such as hearing aids) in order to be able to hear to his/her fullest ability. If the child's hearing is severely impaired, you and the other children should take extra steps to insure that you have the child's attention before communicating.

Considerations for small group success for the child with a hearing impairment:

- Learn about any adaptive aids the child uses.
- Eliminate noisy distractions & background noise.
- Get the child's attention before beginning the activity, giving directions, or introducing additional materials.
- Speak clearly & use accompanying gestures when you talk.
- Communicate visually (with pictures, objects, gestures, & signs).
- Have the child let you know when he doesn't understand.
- Rephrase a statement rather than repeat it.
- Provide opportunities to practice talking & listening.

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Physical disabilities in children are sometimes referred to as motor impairments or motor delays. "Motor" refers to the use of the muscles. Generally speaking, motor impairments involve the coordination, strength, and control of the child's muscles.

Considerations for small group success for the child with a motor impairment:

- Remember that physical delays/impairments do not always have an accompanying mental disability.
- Know the child's physical abilities & limitations.
- Be familiar with any special positioning or handling needed by the child.
- Become familiar with adaptive equipment and know how to use and care for it.
- Support and encourage what the child can do physically.
- Allow extra time for transitions, positioning, and practice during activities.
- Present "thinking" challenges.
- Foster independence by focusing on the child's nonphysical abilities.

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Children who are behind in typical mental development for their age are sometimes referred to as having a cognitive impairment or cognitive delay.

Considerations for small group success for the child with a cognitive delay:

- Keep in mind the child's chronological age and provide opportunities for peer interactions and activities accordingly.
- Provide a variety of cues (words, pictures, signs, room arrangement, labels, gestures, etc.) to help the child understand what is expected.
- Provide structured routines to help the child organize her day independently.
- Have clear transitions; avoid abrupt changes in activities.
- Allow time and opportunity to practice new skills needed for activities.
- Provide age-level as well as developmental challenges.

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Responding to Questions About Disabilities

Children are curious and eager to learn about their environment, about life, and about people. They actively explore, manipulate, and experiment with their environment. They are being exposed to new situations and developing their language abilities.

As children become more social they begin to notice similarities and differences between people. Children seem to notice what is most observable and ask questions. They often want to know:

- What is disability?
- What's it like to have a disability?
- Why someone has a disability?
- Is it "catchy"?
- How can I help someone with a disability?

Children usually ask honest and direct questions like: "Why can't he walk?" or "Why does she wear a hearing aid?"

It is important for child care providers to understand and appreciate the child's level of thinking and respond to their many questions in appropriate ways. Below are some examples that may help you express ideas regarding a disability to a young child.

- Child: "Why does she have those things on her legs?"

  Adult: "Those are braces; they help her walk; they support her legs."
  (Hint: This response would also be appropriate for any kind of support equipment: walker, crutches, etc. Allowing children to explore a walker, wheelchair, or braces (with close supervision) may help remove some of the mystery attached to unfamiliar equipment.)

- Child: "She's a baby because she wears a diaper."

  Adult: "No. She can't feel when she has to go to the bathroom--so she needs a diaper."
  (Young children are very proud of the fact that they no longer need to wear diapers. This is something very curious to them--that someone other than a baby would need to wear a diaper.)

- Child: "What is that on his ear."

  Adult: "It's called a hearing aid and helps him to hear."
  (Special glasses, hearing aids, eye patches, or head guards may indeed appear to be toys to young children. We need to explain the purpose of such apparatus as simply and directly as possible.)

- Child: "I can climb up these stairs really fast--faster than him."

  Adult: "Yes, you can. Some people go fast and some go slow. That's okay."
  (Sometimes it isn't the equipment that a child wears that draws attention. Children like to be fast, strong --the best. They like to race and compete. Someone who lags far behind the rest is quickly noticed.

Remember!!!!!!! Appreciation of differences in children depends on the adults in the child's life. Children often model adults' behavior. The adult who shows appreciation for all children, who is sincere and praises each child's strengths, and recognizes each child's uniqueness, sets an example that will be followed by all children.

POINTS TO REMEMBER

Is your answer:

- honest and direct?
- age-appropriate?
- sensitive to the children?
- simple, yet accurate?

Does your answer:

- offer information to satisfy the child, yet avoid confusion?
- help the child appreciate differences?
- emphasize strengths?
- show support and respect?

Adapted from "Explaining Special Needs" by Donna Jaarvenpa, MA, Coordinator, Child Study Center, School of Family Studies and Consumer Sciences, San Diego State University.

Equipment and Adaptive Devices

Adaptive equipment is any device or object which helps a child overcome physical limitations and facilitates increased independence. Items such as wheelchairs, braces, or alternative communication devices are examples of adaptive equipment.

Adaptive equipment is used for a number of purposes including:

- Positioning
- Mobility/transportation
- Communication

Understanding the need for and uses of specialized adaptive equipment is a key part of successfully working with children who have disabilities. Guidelines for adaptive devices:

1. **Practice** using the device with the child while parents and others are present. Ask questions about appropriate ways to use the device in meeting the child's unique needs.

2. **Know** the relevant safety measures (such as locks for brakes, straps for support) for each device that you use. Ask the child's parents to demonstrate uses of the device before using the device yourself.

3. **Observe** carefully and be aware of any discomfort experienced by the child; **immediately report** any problems to the child's parents.

4. **Watch for** and notice any changes, such as devices that have become too small for the child due to child growth.

5. **Try out** the device yourself, if possible. This will give you a better understanding from the child's perspective. Curious children will want to explore and experiment with this fascinating equipment, also. Be sure to fully supervise any use of the device with children.

Toys

You already know what's important when selecting toys for your child care setting - they need to be durable, the right size for your environment, colorful and safe.

A few extra considerations when you include children with disabilities:

Accessible - Children of differing abilities should be able to play in, on or with the toy with little or no help. A teeter totter with handle bars and a back rest promotes more independent use than one without.

Adaptable - It's more important that each child be able to do something playful with a toy than it is for children to all do the same thing or play in the same way with the toy. Modifications expand the use of the toy for all children.

Interactive - For young children, important skills are acquired from frequent contact with play materials and peers. The give and take during play activities and care giving routines in your child care program allows for experiences which are necessary to learn appropriate skills at varying developmental levels.

Toys should encourage children to play face to face or side by side. Duplicates of materials arranged together allow for verbal and non-verbal communication and may minimize squabbles.

Analyzing Toys

The chart on the following page provides a way to identify toys that meet the unique needs of children at varied levels:

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DESCRIPTION OF SOCIAL INTERACTION PLAY MATERIALS

A: Accessible B: Be adaptable C: Cooperative
D: Designed for two E: Extra sensory

Play materials	Description of play materials or alternative	ABCs	Modifications
Parachute	Sturdy, multicolored, high strength, nylon/canvas circle, 6'-12' in diameter. A large bed sheet serves same purpose. Used for movement and cooperative, noncompetitive play.	ABCDE	A/B/C: attach handles or straps along edges to hold onto or slip over wrists; sit on floor or in chairs to play.
Pegs/ pegboard	Large board with 1" holes in which 25-100 multicolored pegs may be placed. Other sets of oversized play materials elicit similar interactive play. Used to practice fine motor skills, stack, match colors, make patterns.	ABE	A: place pegs/pegboard on floor. C: use fewer pegs or divide pegs into two or three containers. D: place pegboard on table surrounded by chairs. Or hang on wall, with pegs in 2 or 3 containers.
Rocking boat/steps	Rigidly constructed of wood or plastic, doubles as stairs/steps when inverted. Seats 2-4 children; measures 4' x 2'. Swing glider and teeter-totter are cooperative substitutes. A large, sturdy box cut to look like a boat and equipped with chairs or pillows closely approximates the intent if not the action of this toy. Used to climb, rock, and act out dramatic play themes.	BCDE	A: push boat/steps against wall. B: use bolsters/wedges in boat for physical support.
Sand/ water table	Sturdy table of varying heights with waterproof insert & built in drain. Has wooden top/cover to use as table top. Dishpans or acrylic shoe boxes are substitutes. Used for discovery, imaginative, and sensory play.	ABCDE	A: use steps/low stool; raise/lower table height. B: use rice, cornmeal, puffed wheat, beans, or soapy water. E: push against wall for 2 or 3 children so they must stand near each other.
Tumble Ball	Extra-large (16"-37") lightweight ball of thick vinyl plastic with nonslip surface, designed for rugged use. Punch ball or 48" beach ball are possible substitutes, though not as durable. Used to push, bounce, roll, lift, toss, and ride or hop on.	ABE	A/B: deflate ball slightly. D: group two or three balls together. E: suspend ball from ceiling or pole.
Wagon	Traditional toy of various heights, sizes, and materials, readily available at yard sales and toy stores. Untippable style has low center of gravity, guardrail to hold onto, and upright handle. Substitutes could be a stroller or pushcart--anything children push or pull and sit in or on. Used to get in and out and ride in, push and pull, fill and empty, and act out dramatic play.	BCDE	A: use steps or acquire low wagon. B: use adaptive chair or bolsters; attach wagon handle to back of wheelchair, so wheelchair can pull wagon. D/E: acquire wagon large enough for two children in wagon bed.

Books and Stories for Children

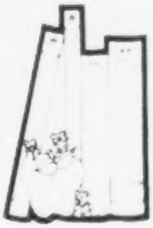
Are there sturdy books in your toy box? Choosing a book is as important as choosing a doll, truck or puzzle. Books provide information about the world, teach new words and language ideas, and are a wonderful way for parents and children to have a good time together.

Books for and about children with disabilities are not often part of our libraries. The following books are about children with disabilities or convey what it is like to have a disability. Using these books can help promote understanding (awareness) of children with disabilities and further the inclusion and appreciation of children with disabilities (in child care settings and communities) .

These books are available through a local bookstore or can be ordered if the books are not in stock. Books can also be ordered directly from the publisher and many of them can be found in the public library. The following books are written at a preschool to early school age level. There are an increasing number of children's books written about children with disabilities. We encourage you to be very selective in choosing books to read to children in your care, as well as in choosing audio, visual and other materials.

BIBLIOGRAPHY FOR A CHILDREN'S LIBRARY

Holcomb, N., **Andy Finds a Turtle**, Jason & Nordic Publishers, Eston, PA, 1987.
Summary: Andy's physical therapist calls him a turtle one day when he is feeling uncooperative, and thus begins a search to find a turtle, during which he becomes a small hero and learns something important about himself.



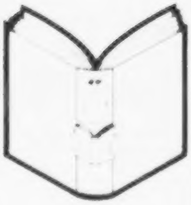
Rabe, B., **Balancing Girl**, E.P. Dutton, 201 Park Avenue South,
New York, NY, 1981.
Summary: Margaret was born with Spina Bifida and her special skill helps her earn money for the school and the respect of her classmates.

Holcomb, N., **Cookie**, Jason & Nordic Publishers, Exton, PA, 1989.
Summary: A young girl with Down Syndrome experiences the challenge of being unable to verbally communicate her most basic want and desires. The frustrations are obvious as is the joy of accomplishment when the sign for cookies is learned and used to communicate her wishes.

Yashima, T., **Crow Boy**, Scholastic Inc.,
730 Broadway, New York, NY 10003, 1965.
Summary: Crow Boy is taunted by his classmates because he is different. By the end of the story his classmates learn to appreciate and respect him.

Simon, N., **Why Am I Different**, Albert Whitman & Col, 1976.
Summary: This book portrays everyday situations in which children see themselves "different" in family life, preference, and aptitudes, and yet, feel that being different is all right.

Hill, E., **Where's Spot**, (Sign Language interpretation), Putnam Books, 1987.
Summary: A peek-a-boo book with text in both words and pictures of sign language.



Rabe/Schmidt, **Where's Chimpy**, Albert Whitman & Co., 1988.
Summary: The text and photographs show Misty, a little girl who has Down Syndrome and her father reviewing her day's activities in their search for her stuffed monkey.

Kuklin, S., **Thinking Big**, Lothrop, Lee & Shepard Books, NY, 1986.
Summary: Eight year old Jamie has dwarfism. This honest portrayal of her daily life sensitively addresses feelings, questions, and concerns.

Zuess, **The Sneetches**, Random House, NY, 1961.
Summary: A story about how differences are not accepted and are looked down upon at first. Differences don't really matter after all and everyone lives happily together.

Brown, T., **Someone Special**, Just Like You, Henry Holt, NY, 1984.

Summary: Black and white photographs of preschool children with disabilities are accompanied by a very simple text. The children are shown at play and in school, discovering the world around them, at home and with their friends. It is a simple but eloquent statement about differences and similarities and about what makes every child special.

Moss, **Shelley, the Hyperactive Turtle**, Woodbine House, 1989.

Summary: The story tells of Shelley and his family as they face the challenges presented by his hyperactivity. The book explains hyperactivity directly to children and ends on a reassuring, positive level, yet gives a realistic look at hyperactivity.

Lasker, J., **Nick Joins In**, Albert Whitman & Co., Chicago, 1980.

Summary: Nick, who uses a wheelchair, was scared because soon he would be going to school instead of school coming to him. He enters a regular classroom. Nick as well as his classmates resolve their initial apprehensions and make the adjustments very well.

Rosenberg, M., **My Friend Leslie**, Lothrop, Lee, Shepard Books, NY, 1983.

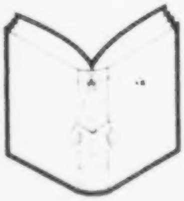
Summary: A kindergarten girl narrates this story about her friendship with Leslie, a classmate with multiple physical disabilities. The description of her friend and of their first school year addresses many of the questions and feelings that are likely to arise when children or adults meet someone like Leslie.

Cairo, S., **Our Brother Has Down Syndrome**, Annick, Toronto, Canada, 1985.

Summary: Two young sisters tell about their little brother with Down Syndrome. The simple text gives a clear explanation of Down Syndrome and stresses a real kid who does lots of things--plays, learns, loves and gets into mischief.

Draus, R., Leo, **The Late Bloomer**, Windmill Books and E.P. Dutton, 1971.

Summary: Leo the tiger cub just can't do much of anything he's expected to do: he can't draw, he can't write, never says a word, and is a sloppy eater. His father worries, but his mother says that Leo is a "late bloomer." And sure enough, given time, Leo does bloom. This story expresses the idea that children develop at different speeds and that some need more time and understanding.



Fassler, J., **Howie Helps Himself**, Albert Whitman & Co., 1975.

Summary: A child with cerebral palsy enjoys playing and learning on some days, and feels tired and angry, and clumsy on others. The book shows him in a range of everyday activities. He wants more than anything to be able to move his wheelchair all by himself. Finally, after lots of persistence and hard work he is successful.

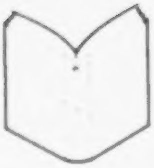
Moss, **Lee, the Rabbit with Epilepsy**, Woodbine House, 1989.

Summary: The story tells of Lee and her family as they face the challenges of epilepsy. Through Lee's diagnosis and treatment the book explains epilepsy directly to children. The story helps to reassure the entire family with a positive, yet realistic look at epilepsy.

Maris, R., **I Wish I Could Fly**, William Morrow, 105 Madison Ave., NY, NY 10016, 1986.
Summary: A story about a turtle who wants to do things like other animals but cannot because limitations posed by being a turtle. At the end he discovers his special talent.

Aseltine, Mueller, Tait, **I'm Deaf and It's Okay**, Albert Whitmen & Co., 1986.
Summary: A young boy describes the frustrations caused by his deafness and the encouragement he receives from a deaf teenager that he can lead an active life.

Emmert, M. **I'm the Big Sister Now**, Albert Whitman & Co., 1989.
Summary: Amy Emmert, the older sister of the author, was born severely involved with cerebral palsy. In this book Michelle tells her sister Amy's story.



Gehret, J., **Learning Disabilities, and the Don't Give Up Kid**, Verbal Images Press, 19 Fox Hill Dr., Fairport, NY 14450, (716) 377-3807.
Summary: Alex is having trouble in school. He seems to be in a world of his own, has difficulty following directions, and really struggles with reading. This story helps youngsters with learning disabilities learn more about their strengths and needs, as well as helping others understand what it is like to have a disability.

Rogers, R., **Josephine, The Short Necked Giraffe**, Family Communications, 4802-5th Ave., Pittsburgh, PA 15213, 1975.
Summary: Josephine, distressed by her short neck, seeks help from her friends. When she learns that they need her, she learns to value herself.

Corrigan, K., **Emily Umily**, Annick Press, Canada, 1984.
Summary: A story about a young girl who stammers and stutters, how she is teased, how she feels, how the others learn to appreciate her, and how her self-esteem improves by the end of the story.

Nadas, B., **Danny's Song**, Family Communications, 4802-5th Ave., Pittsburgh, PA 15213, 1975.
Summary: Danny is a young boy who needs braces to walk. This book examines his anger and frustration when he can't keep up with his siblings, their responses, and his own pride in his feelings and accomplishments.

Lasker,J., **He's My Brother**, Albert Whitman & Co., 1974.
Summary: A young boy describes the experiences of his brother, who learns more slowly than others.

Holcomb, N. **Danny and the Merry-Go-Round**, Jason & Nordic Publishers, Exton, PA, 1987.
Summary: Danny, who has cerebral palsy, is at the playground watching other children play, until a friendly gesture from a girl named Liz gives him an unexpected adventure.

Evans, S., **Don't Look at Me**, Multnomah Press, OR, 1986.
Summary: A book about feeling different, changing, and feeling important.

Bennett, C., **Giant Steps for Steven**, Spina Bifida Association, 1700 Rockville Pike, Suite 540, Rockville, MD 20852, 1980.
Summary: Written by Steven's mother, this book offers a sensitive and open look at a four-year old child with Spina Bifida.

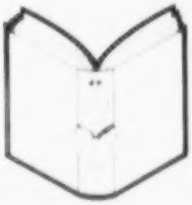
Holcomb, N., **How About A Hug**, Jason & Nordic Publishers, Exton, PA, 1987.
Summary: Though it takes much concentration and will for her to accomplish each task, a little girl with Down Syndrome appreciates many loving helpers along the way.

Litchfield, Ada B., **A Button In Her Ear**, Albert Whitman and Co., Chicago, Illinois, 1976.
Summary: A story about a girl who is hearing-impaired and likes baseball.

Arthur, Catherine, **My Sister's Silent World**, Children's Press, Chicago, Illinois, 1979.
Summary: A child describes her sister's hearing problem and the family's visit to the zoo.

Sullivan, M.B. & Bourke, L., **A Show of Hands**, Harper & Row, 1985.
Summary: This book is about sign language. You will see how to "talk" with your hands and "hear" with your eyes. There are more than 150 signs shown in this book.

Bergman, T., **Seeing in Special Ways**, Garth Stevens, Inc., 1989.
Summary: Come to school with Andrew, Katie, Jordan, Katherine, Peter, John, Todd, George, and Kent. Through interviews with them, Thomas Bergman uncovers some thoughts of children who are blind. We learn about how these children live each day, about their feelings, about the funny things and the sad.



Where To Begin

If you don't have children with disabilities in your child care program now but want to expand to include all children, a first step is to talk to care providers who are already including children with disabilities into their programs. Visiting an inclusive child care program would also be beneficial.

Next, let the public know you are interested. Programs available to serve children with unique care needs are very much in demand in most communities across the state. The child care resource and referral agency in your local community or state helps many parents find child care and provides assistance to child care providers in recruiting children.

You can also contact the early intervention agency in your region or state. That agency interacts directly with families who have children with disabilities and can promote your program to families seeking child care services. To find out who the contact person is in your local community, call the University Affiliated Program Information Line at 1-800-658-3080. This number is also a resource for information and resources regarding issues affecting children with disabilities and/or significant medical needs.

Resources

The following agencies are identified as resources to assist you in serving children with disabilities.

SDUAP Toll-Free Information Line and Resource Center

A wide variety of information and resources regarding disabilities, mental health, and alcohol and drug abuse is available from the SDUAP Resource Center through the SDUAP Toll-Free Information Line. Anyone needing speakers, care or training resources, disabilities related materials, or any other disability related information or resources is encouraged to call the SDUAP Toll-Free Information Line - 1-800-658-3080. The Toll-Free Information Line is answered in person from 8:00 a.m. to 5:00 p.m., Monday through Friday. After hours and on weekends, a message can be left on the Resource Center answering machine. Calls will be returned during regular business hours.

For more information, contact:
South Dakota University Affiliated Program
USD School of Medicine
University of South Dakota
414 East Clark Street
Vermillion, SD 57069
(605) 677-5311
1-800-658-3080 (Voice/TDD)

South Dakota Interagency Coordination Network:

This network was created through interagency agreements signed by the Secretaries of the Departments of Education, Health, Human Services and Social Services; as well as the State Court Administrator of the Unified Judicial System. The network provides a framework to promote the efficient organization and utilization of resources to assure access to necessary services for children and their families in South Dakota. The overall goal is to create a full continuum of services , maximizing the available resources from all agencies (Federal, state, regional, and local), while reducing gaps in service provision.

Regional Interagency Facilitators (RIFs):

The RIFs have been hired and trained to provide technical assistance to communities to help in the development of local interagency coordination networks that will address the issues related to children, birth to 21 years of age and their families. The RIFs are available to serve as a link to promote the flow of information between local communities and state personnel regarding needs assessment, data collection, long-term planning, conflict management, and program development.

For more information on the
South Dakota Interagency Coordination Network or
Regional Interagency Facilitators, contact:
Birth to Three Connections
Department of Education and Cultural Affairs
700 Governors Drive Pierre, SD 57501

(605) 773-3315

Office of Child Care Services, Department of Social Services:

The Office of Child Care Services for South Dakota has funded Resource and Referral Centers across South Dakota to assist parents in locating child care. This service is also available to providers who wish to have the service refer families for openings. To access the service in your community call:

Office of Child Care Services
Department of Social Services
700 Governors Drive
Pierre, SD 57501

1 (800) 227-3020